Volunteer Incident Report

This form should be completed for every accident, injury, or dangerous event that takes place while volunteering for the School District of Waupaca. The purpose of this form is to document the events, find their cause, and prevent future incidents.

Please complete the details below and attach all relevant documentation.

Name:______ Date:_____ (please print) Address: Postal Code: Telephone: Email Address: **Details of the incident:** Date of Incident: ____/___ Time: ____: ___ AM or PM Where did it occur?_____ What was the nature of the incident? (e.g. accident, injury, dangerous event): What were the circumstances? (What activities were taking place, what happened during the incident, and why you think the incident occurred) Were other people involved? (Directly or present at the incident; list names) Was first aid/ medical treatment provided? (At the time of the incident or after) Yes No If yes, where and when was medical treatment provided:_____

Were there any witnesses? Yes	No
If yes, name of witness	
Email:	Phone Number:
Recommendation (What actions do you	believe should be taken to prevent similar incidents in
the future)	
Employer Section:	
Date Notified:	
Signature:	