



VOLUNTEER INJURY REPORT

This page to be completed by Volunteer

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ Phone Number: _____ Sex: _____

Date of Birth: _____ Age: _____

How Often Do You Perform This Job? Daily Weekly Monthly Occasionally

Date of injury _____ Time injury occurred: _____

Location: _____

City Administrative Staff Name: _____

Name(s) of witnesses (if any): _____

Summarize what you were doing just before the incident occurred:

Summarize what you think happened:

Explain in detail – what part of your body was injured? Continue on back if necessary.

What could have been done to avoid this accident?

Did you seek medical attention? YES NO If yes, Date: _____ Time: _____

Name of physician/health care professional: _____

Name and address of clinic/hospital: _____

Was this an original injury or a re-injury? If re-injury, when/where did previous injury occur? _____

Employer at time of original injury? _____ Claim number: _____

Could additional PPE and/or training have prevented this injury? Yes No

Explain: _____

Volunteer Signature: _____ Date: _____

Return this form to your City of Bainbridge program supervisor as soon as possible.

Date supervisor received report: _____