



## Volunteer Incident Report

*In cases where a volunteer may be injured or have a medical emergency when engaged in service at the Food Bank, please provide immediate first aid in minor cases (e.g., cuts, bruises, etc.) or offer to call 911 in more severe cases (e.g., dehydration, dizziness, falls, etc.). If they agree to accept emergency medical service (EMS) assistance or are unable to make that judgment for themselves, then call 911. Then:*

- 1) Immediately alert your supervisor in person, by phone or text if they are on-site.*
- 2) If your supervisor is not on-site, alert another management team member who may be on-site in person, by phone or text. If your supervisor or no other management team member is immediately available on-site, then alert your supervisor by phone or text.*
- 3) Simultaneously, please report the incident to the Volunteer Coordinator in person, by phone or text.*
- 4) Within 24 hours, please complete this report form with as much information as possible to better document the incident.*
- 5) When form is completed to the best of your ability, please email or hand deliver a copy of the completed form to the Volunteer Coordinator and to your immediate supervisor.*

Name of Staff Member Completing Form: Click or tap here to enter text.

Name of Person(s) Involved in Incident: Click or tap here to enter text.

Contact Information for Person Involved in Incident: Phone: Click or tap here to enter text. Email or mailing address: Click or tap here to enter text.

Names of Witnesses to the Incident: Click or tap here to enter text.

Contact Information for Witnesses to the Incident: Phone: Click or tap here to enter text. Email or mailing address: Click or tap here to enter text.

Date and Time of Incident: Click or tap to enter a date. Time: Click or tap here to enter text.

Location of Incident (e.g., Main Warehouse, Barbee Building, School Tools, Sorting Room, etc.): Click or tap here to enter text.

What first aid or emergency medical support was provided: Click or tap here to enter text.

Did the person(s) affected by the incident reject an offer to contact emergency medical services on their behalf? Choose an item.

If they did not wish EMS to respond, what was their reason for rejecting that aid: Click or tap here to enter text.

Please use this page to describe the incident as well as possible from first hand observation, interview of the person(s) involved, or eyewitness accounts. Please be sure to summarize a final resolution, that is, what was the EMS or self-described condition of the person(s) involved in the incident after they received first aid or medical attention. (Use other pages as necessary)

Click or tap here to enter text.

Click or tap here to enter text.

**Signature of Staff Member Completing This Form**

Click or tap to enter a date.

**Date**

*Please email or hand deliver a copy of this completed form to the Volunteer Coordinator and a copy to your immediate supervisor.*