**VOLUNTEER INCIDENT REPORT**

**SECTION 1: INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Date of Incident (MM-DD-YYYY)** |  | |
| **Time of Incident (AM/PM)** |  | |
| **Specific Location of Incident** |  | |
| **Team Member´s Full Name** |  | **Date of Birth** |
| **Event Code and/or Project Location** |  | |
| **Team Leader’s Full Name** |  | |
| **Host Coordinator’s Full Name** |  | |

**SECTION 2: TYPE OF INCIDENT *(check all that apply)***

|  |  |  |
| --- | --- | --- |
| **Incident did not result in an injury**  (near miss) | **Incidents that require**  **filing a police report:** | **Other Team Disturbances:** |
| **Minor injury/illness**  (not life threatening; does not require hospital attenition; can be treated on site or at local clinic) | **Assault** | **Arrest** |
| **Vehicular accident** | **Missing Team Member** |
| **Vandalism** | **Early Departure** |
| **Serious injury/illness**  (requires hospital attention) | **Theft/Robbery** | **Other** |
|  |  |
| **Catastrophic event**  (disruption caused by weather, natural disaster, terrorism, war that pose a threat to team members) |

**SECTION 3: ACTIVITY AT TIME OF INCIDENT *(check one)***

|  |  |
| --- | --- |
| **Building (on build site)** | **Cultural/Community Activity** |
| **Traveling to/from build site, lodgings, airport** | **Personal Time** |

**SECTION 4: DESCRIPTION OF INCIDENT *(Use short, to-the-point, fact-oriented sentences that don't leave room for interpretation. Add a page, if more space is needed.)***

|  |
| --- |
|  |

**SECTION 5: LIST OF WITNESSES (or  No Witnesses)**

|  |  |
| --- | --- |
| **Name** | **Contact Details** |
|  |  |
|  |  |

**SECTION 6: OUTCOME *(answer only the questions that apply)***

**Was first aid/medical assistance provided on site? YES  NO**

**If yes, by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(name of person on site)**

**Was volunteer taken to a medical facility? YES  NO**

**If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(name of clinic or hospital)**

**Was travel assistance provider called? YES  NO**

**If yes, what is the case number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Were expenses incurred? YES  NO**

**If yes, name of person who paid for expenses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In the event of a vehicular accident, theft, vandalism or assault, please obtain a police report and attach a copy.**

**Was a police report filed? YES  NO**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Leader Name Co-Submitter Name (if applicable)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Leader Signature Co-Submitter Signature (if applicable)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Date**

**Please use the following naming convention: Event Code\_Hosting Country\_Date**

**The team leader sends this report to the sending program and host program as soon as possible.**