**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.**