



VOLUNTEER ACCIDENT REPORT

LOCATION INFORMATION School Church Date of Report: _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

CONTACT PERSON

Name: _____ Phone: _____ Email: _____

VOLUNTEER INFORMATION

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Describe the responsibilities of the volunteer: _____

INCIDENT INFORMATION

Location where accident took place: _____ Date: _____ Time: _____ AM/PM

Provide detailed description of incident: _____

Extent of Injury: _____

Indicate if any of the following emergency services were contacted

- 911 _____
- Ambulance _____
- Fire Department _____
- Police _____
- Other _____

WITNESS 1

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

WITNESS 2

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Form Completed By:

Name	Date	Phone	Email
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Submit to:
 Archdiocese Insurance Program
 Risk Management Office
 2838 E. Burnside Street, Portland, Oregon 97214
 503-234-5334 Fax: 503-234-2903
riskmanagement@archdpdx.org