



Love. Hope. Purpose.

**VOLUNTEER INCIDENT REPORT FORM**

This form should be completed for every accident, injury, dangerous event, or near miss that takes place while volunteering for NightShift. A near miss is an incident which could have caused injury or damage to property. The purpose of this form is to document the events, find their causes, and prevent future incidents.

*Please complete the details below and attach all relevant documentation*

**Name** \_\_\_\_\_  
(please print)

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

Email address \_\_\_\_\_

**Details of the incident**

When did the incident occur?

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_ (am) \_\_\_\_ (pm)

Where did it occur?

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

What was the nature of the incident? (e.g. personal, personal injury, damage to property, dangerous event)

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

What were the circumstances? (What activities were taking place before the incident, what happened during the incident and why you think the incident occurred?)



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Were other people involved? (Directly or present at the incident; list names)

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Was first aid/medical treatment provided? (If yes, please provide details) Yes \_\_\_\_ No \_\_\_\_

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Were there any witnesses? Yes \_\_\_\_ No \_\_\_\_

If yes, name of witness \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Recommendations (What actions should be taken to prevent a similar incident in the future?)

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Office use only: Action taken to prevent recurrence