



Master Gardeners of Greene County
2400 S Scenic
Springfield, MO 65807
417-881-8909

Volunteer Incident Report Form

In the case of an accident or injury during a volunteer event or project, it is important that the volunteer leader collect as much information as possible regarding the incident.

Event or activity: _____ Date : _____

Location: _____

Volunteer Leader: _____

Volunteer Leader's phone number: _____

Name of injured person (s): _____

Address and Phone number of injured person (s): _____

Date and approximate time of incident: _____

Was the injured person a volunteer? Attendee? Visitor? _____

What emergency procedures were taken?

Was an ambulance called? _____

What hospital was the injured taken to (if applicable): _____

Was someone with the injured at all times? _____

What steps were made for follow up with the injured person? _____

What more is recommended to assist the injured person while recovering? _____

Volunteer Leader Signature _____ Date _____