



# Volunteer Center

United Way of Volusia-Flagler Counties

## Incident Report

### Incident Information

Report Date: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Type of Incident: Injury \_\_\_\_\_ Theft \_\_\_\_\_ Accident \_\_\_\_\_

Other: \_\_\_\_\_

Person filling out this report: \_\_\_\_\_

### Volunteer Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Project Leader: \_\_\_\_\_

Project Leader Phone #: \_\_\_\_\_

**Exact Location of incident:** (Please circle)      Project      en route

Description of Location: \_\_\_\_\_

### Description of Incident:

Activity:

Describe incident/injury:

**Did the volunteer need medical assistance?**

**YES**

**NO**