



Volunteer Report of Injury

Name: _____ Address: _____

Social Security Number: _____

Date of Birth: _____ Home Telephone: _____

Marital Status: Married Single Supervisor's Name: _____

Volunteer Title: _____ Start Date: _____

Number of Hours Worked Per Day: _____ Number of Days Worked Per Week: _____

Date of Injury/Illness: _____ Time of Injury: _____

Date You First Reported Injury: _____ To Whom Did You Report Injury: _____

Time Started Work (Day of Injury): _____

Where Did This Injury Occur? (exact Park and Location): _____

Equipment or Substance Involved in Injury: _____

What Were You Doing At Time of Injury: _____

Give Description of Accident: _____

What Injury or Illness Did You Sustain?: _____

What Body Part Was Effected (be specific)? _____

When Did You First Notice Pain?: _____ Name of Witness(es): _____

Is This Part of Your Job: Yes No Did You Miss Any Work?: Yes No

First Day of Lost Time: _____

If Still Off Work, When Will You Return?: _____

Are You Employed?: Yes No

What Is the Weekly Value of that Income?: _____

Where Were You First Treated For This Injury/Illness (Clinic or Doctor): _____

Are You Still Under Doctor's Care? _____

Address of Doctor You Saw For This Injury? _____

Have You Been Injured Before (Same/Similar Injury)? Yes No

If Yes, Give Date and Describe Injury: _____

Name/Address of Family Doctor Prior to Present Injury: _____

Volunteer:		
	Employee Signature	Date

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Fax: 763-694-6216