

# VOLUNTEER RESOURCES

Volunteer Resource Center  
6100a North Central Ave / Chicago, IL 60646  
p 773.631.1790 / f 773.792.0539



Supervisor's COPY

## INJURY/ILLNESS GUIDELINES FOR VOLUNTEERS

The Forest Preserve District of Cook County (FPDCC) strives to provide safe volunteer opportunities and support volunteer supervisors in the event of an injury or illness. Please think about your emergency plan in advance. Know your location, cross-streets and nearest medical treatment facility.

### IN THE EVENT OF AN EMERGENCY, PLEASE TAKE THE FOLLOWING STEPS:

- Call 911 immediately
- Do not move the person unless he or she is in danger
- Avoid leaving the person except to summon help. Be sure to send someone to guide the emergency vehicle to the location of the injured
- Render first aid or CPR if you are trained and qualified

### INJURY/ILLNESS REPORTING PROCEDURE

After addressing the injury or illness, please follow the Injury/Illness Reporting Procedure below when a volunteer is injured or becomes ill while volunteering for the FPDCC:

1. **Volunteer's Supervisor** - (Ex. Steward, Volunteer Project Leader, Workday Leader, FPDCC staff) provides the injured volunteer with the *Volunteer Injury/Illness Report Form*
2. **Injured Volunteer** - completes the *Volunteer Injury/Illness Report Form* and gives it back to the volunteer supervisor as soon as possible. If the injured volunteer cannot complete the form at the time of the injury/illness, they can bring it to the volunteer supervisor or fax (773-792-0539) or mail (6100a N. Central Ave., Chicago, IL 60646) the form to Volunteer Resources as soon as possible
3. **Volunteer's Supervisor** - fills out the *Volunteer Supervisor's Investigation Report Form* even if the volunteer does not want to complete the *Volunteer Injury/Illness Report Form*
4. **Volunteer's Supervisor** - distributes the *Witness Statement Report Form* to any witnesses and collects the completed forms
5. **Volunteer's Supervisor** - within one week of collecting the paperwork:
  - a. Provides a copy of the *Volunteer Injury/Illness Report Form* to the injured volunteer
  - b. Provides originals of all forms (*Volunteer Injury/Illness Report, Volunteer Supervisor's Investigation Report, and Witness Statement Report*) to Volunteer Resources at 6100a N. Central Ave, Chicago, IL 60646
  - c. Keeps a copy of all forms for their records
6. **If a volunteer needs emergency medical treatment** (Ex. 911, hospital visit), the volunteer's supervisor should notify Volunteer Resources as soon as possible so we are aware of the situation.
  - **Monday-Friday, 8:30am-4:30pm** call Volunteer Resource 773-631-1790
  - **After hours mobile phone emergency notification:**
    - Kathy Wurster (*Stewardship*) 312-256-3299
    - Joe Swano (*Groups, scouts*) 708- 906-1774
    - Cassie Hatzfeld (*Youth, teens, nature centers*) 708-243-0605

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## VOLUNTEER SUPERVISOR'S INVESTIGATION REPORT FORM

*This section to be completed by the volunteer's supervisor*

When did you first learn of the accident?

Could this accident have been prevented? If yes, how?

Based on your investigation, what was the cause of the accident?

What actions were taken? (*Ex. First aid, 911, drive to a medical facility*)

Supervisor's signature

Date

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## VOLUNTEER INJURY/ILLNESS REPORT FORM

*This section to be completed by the injured volunteer*

Print name

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Phone / email address

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Mailing address

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City, State, ZIP

---

Name of your supervisor

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Date of injury

Time of injury

---

Location where injury occurred

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Describe the accident (*describe, in detail, how and why the injury occurred*)

Describe the body parts injured or the nature of the injury.

Name all witnesses (*full name*)

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### Medical Information

Was first aid given? [ ] Yes [ ] No

Did you seek, or plan to seek, medical treatment? [ ] Yes [ ] No

If yes, name of physician who treated you for your injury

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Volunteer signature

Date

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**Submit this form to your supervisor (Site Steward, Project or Workday Leader, FPDCC staff) as soon as possible. If you cannot complete the form at the time of the injury/illness, deliver it to your supervisor or fax (773-792-0539) or mail (6100a N. Central Ave., Chicago, IL 60646) it to Volunteer Resources as soon as possible.**

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## WITNESS STATEMENT REPORT FORM

Name of Injured Volunteer \_\_\_\_\_

Date of Accident \_\_\_\_\_

Time of Accident \_\_\_\_\_

Relationship to Injured Volunteer (co-volunteer, supervisor, relative, etc) \_\_\_\_\_

What were you doing at the time of the accident?

Did you observe the accident? If yes, please describe in detail what you observed.

***The above statements are true and correct.***

Witness Full Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

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

Email \_\_\_\_\_

Volunteer/Job Title \_\_\_\_\_

***Submit this form to your supervisor (Site Steward, Project or Workday Leader, FPDCC staff)***

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Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

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