

Cabarrus Meals on Wheels - Volunteer Incident Report Form

This form must be completed by any Cabarrus Meals on Wheels volunteer who witnesses or responds to an emergency situation, including those requiring a 9-1-1 call. Please submit the completed form to the CMOW office within 24 hours of the incident.

Volunteer Information

Name: _____

Phone Number: _____

Date of Report: _____

Client Information

Client Name: _____

Client Address: _____

Phone Number (if known): _____

Incident Details

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Describe what happened (include observations, actions taken, and sequence of events):

Emergency Response

Was 9-1-1 called? Yes No

If yes, who made the call? _____

Emergency services response time (if known): _____

Actions taken by volunteer while waiting for help:

_____ (turn over for page 2)

Follow-Up

Was CMOW staff notified? Yes No

Name of staff person contacted: _____

Time of notification: _____

Additional notes or recommendations:

Signature

Volunteer Signature: _____

Date: _____