

Volunteer Accident / Incident Reporting Form



This form should be completed by APRA member staff as soon as possible after an accident/incident requiring outside medical care and submitted to APRA at the below address

The APRA policy includes no-fault coverage designed to cover the costs of medical care required by a volunteer who is injured while performing volunteer work for an APRA member. This coverage is excess of the volunteer’s personal health insurance coverage and can help “fill the gaps” in that coverage by reimbursing all or a portion of out-of-pocket expenses such as deductibles, co-pays, or similar costs.

APRA Member: _____
Name and title of person completing form: _____
Email Address: _____ Phone Number: _____

Information about the volunteer who was injured:

Name: _____
Address: _____
Phone Number: _____ Date of Birth: _____
Email Address: _____
Health Insurance Company and policy number: _____

Information about the accident or incident when the injury occurred:

Location: _____ Date and Time: _____
Services being provided by the volunteer to the member: _____
Description of Accident/ Incident (what happened?): _____
Description of Injury: _____
Did the Accident/Incident result in Hospitalization or Physician Care? Yes: No:
If Yes, name of Hospital and/or Physician: _____

Signatures:

Injured Person’s Signature: _____ Date: _____
Signature of APRA Staff Member Completing Form: _____ Date: _____