



**Covered Activities:**

Volunteers are covered for injuries that occur while participating in Vallejo sponsored and supervised volunteer activities.

In the event that you are injured while performing your volunteer duties, please notify the volunteer coordinator as soon as possible and complete to attached packet. The Volunteer coordinator will immediately notify Risk Management, describing what happened and confirming if there were any witnesses.

**VOLUNTEER:**

Report injury to the Volunteer Coordinator

For PD: Corporal Gregg Rouse at [Gregg.Rouse@cityofvallejo.net](mailto:Gregg.Rouse@cityofvallejo.net).

All Other Departments: Shelee Loughmiller at [Volunteers@cityofvallejo.net](mailto:Volunteers@cityofvallejo.net) Complete the

***Volunteer Incident Report***. Hardcopy are available upon request.

After each appointment with your medical provider, provide any receipts associated with your treatment to [Risk.Management@CityofVallejo.net](mailto:Risk.Management@CityofVallejo.net)

Be sure to complete any additional department-specific procedures as necessary.

**QUESTIONS?**

- Risk Management: Armond Sarkis (707) 648-4143, [Armond.Sarkis@cityofvallejo.net](mailto:Armond.Sarkis@cityofvallejo.net)



**CITY OF VALLEJO**  
**Volunteer Injury Program**  
**INITIAL INJURY PACKET**

**VOLUNTEER INCIDENT REPORT**

TYPE OF INCIDENT:     First Aid             Minor Injury             Lost Time Injury             Cumulative Trauma  
 Property Damage/Loss             Vehicle Accident  
 Biological Exposure \_\_\_\_\_  Chemical Exposure \_\_\_\_\_

FULL NAME:		JOB TITLE:	
HOME ADDRESS:		DEPARTMENT/DIVISION:	
		WORK SCHEDULE (including days and hours):	
CELL PHONE:	WORK PHONE:	SUPERVISOR:	WORK PHONE:
EMAIL ADDRESS THAT YOU CHECK REGULARLY:			

INCIDENT DATE:	TIME OF INCIDENT:	LOCATION OF INCIDENT (address):
DATE REPORTED:	TIME BEGAN WORK:	INCIDENT REPORTED TO:
NATURE OF INJURY AND BODY PART INJURED:		
EQUIPMENT BEING USED:		
DESCRIBE IN YOUR OWN WORDS AND IN DETAIL HOW THE INCIDENT OCCURRED (sequence of events):		



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WHO WITNESSED THE INCIDENT?
DESCRIBE THE PROPERTY DAMAGE/LOSS, IF ANY:
WAS THERE AN UNSAFE <u>CONDITION</u> THAT CAUSED OR CONTRIBUTED TO THIS INCIDENT?
WAS THERE AN UNSAFE <u>ACT</u> THAT CAUSED OR CONTRIBUTED TO THIS INCIDENT?
WHAT DO YOU THINK COULD BE DONE TO PREVENT A SIMILAR INCIDENT IN THE FUTURE?

DESCRIBE ANY PREVIOUS CONDITIONS/INJURIES TO BODY PART CURRENTLY INJURED:
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ARE YOU EMPLOYED OUTSIDE OF THE CITY OF VALLEJO? <input type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE:
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Please check one only:

<input type="checkbox"/> <b>I AM SEEKING MEDICAL TREATMENT FOR MY INJURY OR ILLNESS WITH MY PERSONAL PHYSICIAN AND WISH TO FILE A CLAIM WITH THE CITY'S VOLUNTEER INSURANCE.</b>	
<input type="checkbox"/> <b>I AM DECLINING MEDICAL TREATMENT FOR MY INJURY OR ILLNESS AND AM ONLY SUBMITTING THIS PAPERWORK FOR DOCUMENTATION.</b>	
<ul style="list-style-type: none"> <li>✓ I am fully capable of performing my usual and customary duties.</li> <li>✓ I understand that I am able to change my mind and can file a claim within one year from the date of injury (or longer if an exposure or compensable injury).</li> <li>✓ If I do change my mind and want to obtain medical care, I will immediately notify my supervisor and Risk Management.</li> </ul>	
<i>The information contained in this report is true and correct to the best of my knowledge.</i> <b>VOLUNTEER'S SIGNATURE:</b>	<b>DATE:</b>
<b>VOLUNTEER COORDINATOR'S SIGNATURE:</b>	<b>DATE:</b>

For more information, regarding the Volunteer Coverage you may contact:  
 Armond Sarkis, Risk Manager 1<sup>st</sup> Floor City Hall 707-648-4143  
[Armond.Sarkis@cityofvallejo.net](mailto:Armond.Sarkis@cityofvallejo.net)