



Adopt-a-Road Volunteer's Report of Injury

District of Lake Country
10150 Bottom Wood Lake Road
Lake Country, BC V4V 2M1
t: 250-766-6677 f: 250-766-0116
lakecountry.bc.ca

Volunteer's Last Name: _____ First Name: _____

Middle Initial: _____

Mailing Address: _____

City

Postal Code

Telephone Number: _____

Date and time of my injury: _____ 20____ at _____ am/pm	Location Injury Occurred:
My injury was first reported to the Volunteer Coordinator and/or Crew Chief: _____ 20____ at _____ am/pm	
Please check one: <input type="checkbox"/> I received First Aid <input type="checkbox"/> I did not received First Aid	Name of First Aid Attendant
The Volunteer Coordinator in charge at the time of my injury was: 	Name of witness (if any)
Did the volunteer go to a clinic, hospital or visit a physician or qualified practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No	

The following describes what happened to cause the injury and includes contributing factors: description of machinery or objects involved, etc:

All apparent injuries at this time are as follows: Specify part(s) of body injured, indicating right or left:

Volunteer's Signature

Date