



Trauma Intervention Program of San Diego
Volunteer Call Report Form

Volunteer Date of Call Time Out
Requesting Agency Response Time Return Time
Agency Contact at Scene on Call Name of Contact Total # of Hours
2nd Agency Contact at Scene (if applicable) Name of Contact
Total # of Emergency Responders Assisted:

Response Location Victim Name Age M/F (circle) Ethnicity
Incident # ME Waiver # ME Name

Type of Call

- Support Family - natural death
Support Family - suicide/attempt (Adult)
Support Family - suicide/attempt (Child)
Support Family - accidental death
Support Family - Medical Emergency
Support anxious, depressed citizen
Support fire victims
Support rape victim
Support Family - Senior death (60+)
Disoriented older person
Domestic Violence
Assault Victim
Crime Victim
SIDS
Child Death (under 18)
Auto Accident - death/injury (circle)
Auto vs. Pedestrian - death/injury (circle)
Drowning - child/adult (circle)
Drug Overdose
Homicide
Other:

Primary Client(s)

1. Full Name M/F Age Ethnicity Street Address City/ZIP Telephone Relationship to Victim
2. Full Name M/F Age Ethnicity Street Address City/ZIP Telephone Relationship to Victim
3. Full Name M/F Age Ethnicity Street Address City/ZIP
4. Full Name M/F Age Ethnicity Street Address City/ZIP

Telephone _____ Relationship to Victim _____ Telephone _____ Relationship to Victim _____

Total # of clients: _____ No 2 month follow up 2 month follow up sent

Volunteer Intervention

- Provided emotional support
- Provided practical support
- Provided info. and/or contacted mortuary or cremation service
- Made necessary phone calls
- Contacted TIP interpreter
- Provided info. on ME protocol
- Liaison with emergency service personnel
- Facilitated saying goodbye
- Contacted referrals
- Waited on scene until body removed
- Other: _____

Information/Referrals Given

- Final Details
- Grief literature
- Senior services
- Funeral goods/services
- VA Services
- Scene clean up services
- TIP information
- Support group/counseling
- Healing Hearts
- Survivors of Suicide
- SIDS Support
- Victim/witness assistance
- North County Mental Health
- Children's grief material
- Bear/Blanket
- Other: _____

Other TIP volunteers/TIP interpreters on Call

Nomination for "Hero on Scene":

Name Agency/Address

Telephone

Follow up

- Phone Call
- Mail
- None required
- Unable to contact

What I learned on this Call:

Additional Information:

Report taken by

Date