Volunteer Risk Assessment

|  |  |
| --- | --- |
| Date |  |
| Volunteer coordinator |  |
| Volunteer role |  |
| What is the risk, situation or activity? |
| *
 |
| Description of risk(s): |
| *
 |
| Who is at risk? |
| *
 |
| Probability Risk (please circle) | Impact of Risk (please circle) |
| HIGH | MEDIUM | LOW | HIGH | MEDUIM | LOW |
| What is existing protocol to reduce risk? |
| *
 |
| Further action required? If so please state: |
| *

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| Who is responsible? |  |
| Review Date: |  |
| Who should be informed? |  |
| Volunteer Coordinator signature: |  |