

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	MEDIUM	LOW
What is existing protocol to reduce risk?					
•					
Further action required? If so please state:					
•					
Who is responsible?					
Review Date:					
Who should be informed?					
Volunteer Coordinator signature:					