

**SAMPLE**

**ST. JOHN AMBULANCE  
Volunteer Interview**

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

---

**Section I - SET AGENDA AND PURPOSE FOR THE INTERVIEW**

EXAMPLE

*Thank you for coming today. Before we begin, I would like to inform you that this interview will take approximately 30 - 45 minutes.*

*I will ask you a few questions and make a few notes during our interview.*

*Likewise, you will also be given the opportunity to ask me any questions about joining St. John Ambulance.*

---

**Section II - AWARENESS OF ORGANIZATION**

**Q. *How did you find out about St. John Ambulance?***

FOR INTERVIEWER USE ONLY

- 
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Knows someone in Brigade / Youth | <input type="checkbox"/> Public relations display                 | <input type="checkbox"/> Brochure         |
| <input type="checkbox"/> Knows someone treated by Brigade | <input type="checkbox"/> Therapy Dog                              | <input type="checkbox"/> Instructor       |
| <input type="checkbox"/> Previous member                  | <input type="checkbox"/> Media                                    | <input type="checkbox"/> Recruiting video |
| <input type="checkbox"/> Attended course                  | <input type="checkbox"/> Saw Brigade performing community service | <input type="checkbox"/> _____            |

**Q. *Have you had a chance to read the Information Package material?***

FOR INTERVIEWER USE ONLY

- 
- YES, Any questions?       NO, Why not?

**Q. *What made you decide to apply to become a St. John Ambulance Brigade volunteer?***

FOR INTERVIEWER USE ONLY

---

- Career exploration
- Serve the public
- Free time
- “Ambulance chaser”; personal glory; free entertainment; narcissistic; “power-tripping”
- Résumé stuffer; visibility; craves action; employer / school recognition of “good citizenship”
- Co-op requirement
- \_\_\_\_\_

**Q. *What do you perceive the role of a St. John Ambulance Brigade volunteer to be?  
What obligations / activities to you see yourself participating in?***

FOR INTERVIEWER USE ONLY

---

- |  |  |
|--|--|
| <input type="checkbox"/> Attend weekly meetings                | <input type="checkbox"/> Perform community service assignments |
| <input type="checkbox"/> Training and professional development | <input type="checkbox"/> Sporting events                       |
| <input type="checkbox"/> General administration                | <input type="checkbox"/> Parades                               |
| <input type="checkbox"/> Social interaction with others        | <input type="checkbox"/> Concerts and theatres                 |
| <input type="checkbox"/> Scheduling of upcoming public duties  | <input type="checkbox"/> Maintain appropriate physical fitness |
| <input type="checkbox"/> BTS, SFA, CPR certification           | <input type="checkbox"/> Visiting isolated persons             |
| <input type="checkbox"/> _____                                 | <input type="checkbox"/> Therapy Dog                           |

---

### SECTION III - PERFORMANCE FACTORS

**Q. *As with all volunteer work, there will be time commitments placed on your schedule.  
How do you plan to add these obligations to your existing schedule?***

FOR INTERVIEWER USE ONLY

---

- Daytime (Monday through Friday) \_\_\_\_\_
- Evenings (Monday through Friday) \_\_\_\_\_
- Weekends \_\_\_\_\_

**Q. How will this affect your family / school / other commitments?**

FOR INTERVIEWER USE ONLY

- ⇒ 2 hrs / week for meetings ~8 hrs / month
- ⇒ 60 hrs / year for community service ~5 hrs / month
- ⇒ Auxiliary

**As applicable, discuss the specific membership obligations the applicant is expected to fulfil. Review any possible limitations which might prevent applicant from fulfilling their role as a St. John Ambulance Brigade volunteer.**

Example:

**Q. Do you know of any reason or limitation that would prevent you from learning or performing hands-on skills?**

To perform independent patient care ⇒ Complete & be certified to BTS - Level I annually

To maintain a minimum training standard ⇒ Successful completion of Standard First Aid

Training & other administrative duties ⇒ Attend Divisional meetings  
- Advise if unable to attend

Costs ⇒ Uniform  
- Allergies to certain fabrics  
- Ethnic or religious requirements  
⇒ Training  
- Reference textbook  
- Standard activity book

Environmental conditions ⇒ Outside in the winter  
⇒ Outside in the summer  
⇒ Standing or walking for prolonged periods  
⇒ In the vicinity of animals  
⇒ In the vicinity of tobacco smoke  
⇒ In the vicinity of disinfectants and cleaners

**Q. *Are there other factors, not already covered, that would affect your performance?***

FOR INTERVIEWER USE ONLY

---

- NO                       YES, Explain?

---

**Section IV - REVIEW APPLICATION**

**Q. (As applicable) *Your application indicates that you have been involved with volunteer work in the past. Can you tell me about your past volunteer experiences?***

**(As applicable) *I do not see any other volunteer work on your application. Can you tell me about any volunteer activities you have done in the past while in school or with another organization?***

FOR INTERVIEWER USE ONLY

---

- name of group
  - where located
  - dates done or still involved
  - why got involved
  - defined responsibilities as well as typical activities and projects
  - time commitment
  - reason for leaving
- Leadership Candidate  
Adult / Cadet

- Q. What specific skills, education, abilities, or experience are you bringing with you to St. John?  
In what ways do you feel you are suited to work with the St. John Ambulance Brigade?  
What strengths do you bring? Weaknesses?  
(Position specific) What qualities do you have that are important for a position such as this?**

FOR INTERVIEWER USE ONLY

---

- languages
- leadership
- administrative
- health care background
- \_\_\_\_\_

---

## Section V - ABOUT THE APPLICANT

- Q. How do you think other people see you? How would they describe you?**

FOR INTERVIEWER USE ONLY

---

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Active        | <input type="checkbox"/> Friendly      | <input type="checkbox"/> Organized      | <input type="checkbox"/> Shy           |
| <input type="checkbox"/> Aggressive    | <input type="checkbox"/> Happy         | <input type="checkbox"/> Outgoing       | <input type="checkbox"/> Sincere       |
| <input type="checkbox"/> Arrogant      | <input type="checkbox"/> Honest        | <input type="checkbox"/> Patient        | <input type="checkbox"/> Superficial   |
| <input type="checkbox"/> Caring        | <input type="checkbox"/> Humble        | <input type="checkbox"/> Punctual       | <input type="checkbox"/> Tactless      |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Insincere     | <input type="checkbox"/> Reliable       | <input type="checkbox"/> Tolerant      |
| <input type="checkbox"/> Confident     | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Responsible    | <input type="checkbox"/> Understanding |
| <input type="checkbox"/> Controlling   | <input type="checkbox"/> Judgmental    | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Warm          |
| <input type="checkbox"/> Domineering   | <input type="checkbox"/> Lazy          | <input type="checkbox"/> Self-conscious | <input type="checkbox"/> Withdrawn     |
| <input type="checkbox"/> Easygoing     | <input type="checkbox"/> Mature        | <input type="checkbox"/> Selfish        |  |
| <input type="checkbox"/> Energetic     | <input type="checkbox"/> Nervous       | <input type="checkbox"/> Sensible       |  |
| <input type="checkbox"/> Flexible      | <input type="checkbox"/> Opinionated   | <input type="checkbox"/> Serious        |  |

- Q. Are they correct in their perceptions?**

FOR INTERVIEWER USE ONLY

---

- YES
- NO, Why do you think that is?

**Q. What do you expect to achieve through your volunteer experience with St. John Ambulance?**

FOR INTERVIEWER USE ONLY

---

- Career exploration
- Serve the public
- Work experience
- Co-op requirement
- “Ambulance chaser”; personal glory; free entertainment; narcissistic; “power-tripping”
- Résumé stuffer; visibility; craves action; employer / school recognition of “good citizenship”
- \_\_\_\_\_

---

## Section VI - EXPOSURE TO FIRST AID & HEALTH RELATED MATTERS

**Q. (As applicable) Have you ever had to directly care for someone who was seriously ill or injured?**

(As applicable) **What has been the most serious injury / accident you have ever personally witnessed?**

FOR INTERVIEWER USE ONLY

---

- ⇒ type of illness / injury
- ⇒ history of event
- ⇒ extent of involvement (witness, helper, first aider)
- ⇒ how felt
- ⇒ what they did
- ⇒ outcome of event

---

## Section VII - TRAVEL

**Q. The convenience of travel is a factor that often affects involvement and commitment to an organization. How far do you have to travel in relation to meeting location? Possible community service locations?**

FOR INTERVIEWER USE ONLY

---

Based on known traffic/transit conditions regularly expected at the time of day meeting / event held:

- Low risk - travel expected to take < 20 minutes one way.
- Medium Risk - travel expected to take 20 - 40 minutes one way.
- High Risk - travel expected to take + 40 minutes one way.

**Q. *How do you plan to travel to / from your Divisional meetings / assignments?***

FOR INTERVIEWER USE ONLY

Based on known traffic/transit conditions regularly expected at the time of day meeting / even held:

- Low risk - has reliable private transportation or within walking distance in an emergency.
- Medium risk - must rely on public transportation, but on major direct route.
- High risk - Must rely on public transportation, with multiple connections.

---

**Section VIII - LIMITATIONS**

**Q. (As applicable) *A requirement of membership to St. John is to help anyone in need, regardless of any other consideration, except that of personal safety (i.e. violence or civil disturbance).***

***Would you find it difficult to assist in any of the following situations? Why?***

FOR INTERVIEWER USE ONLY

If asked, assure candidate that protective barrier (gloves, masks) are required during treatment.

	OK	Prefer Not	Difficulty
(a) a young child who is seriously injured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) senior citizens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) people of the opposite sex (M/F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) people of visible minorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) people with lower social or financial status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) people with different/poor language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) people with different race to yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) people of different political beliefs to yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) people of different religious beliefs to yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) people with mental or physical challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) people confined to a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) people with a known criminal past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m) people of a different sexual preference to yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(n) people who drink or use drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

**Section IX - CLOSURE**

EXAMPLE

*As part of our screening process, candidates are required to complete a Police Records Check and provide three references.*

- ⇒ Ask candidate to fill out Authorization for Police Records Check. Interviewer witnesses form and keeps form for processing.
- ⇒ Check reference addresses if mailing reference forms *or*
- ⇒ Give candidate three reference check forms and ask candidate to distribute. (Referees to return forms directly).

**Q.** *Do your references know you are applying to join St. John Ambulance?*

FOR INTERVIEWER USE ONLY

NO

YES

---

**Section X - CANDIDATE CONCERNS / QUESTIONS**

**Q.** *Do you have any concerns or questions?*