

SAMPLE

**ST. JOHN AMBULANCE
Volunteer Exit Interview**

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Volunteer's Name _____ Date _____

Title _____ Supervisor _____

Division _____

INSTRUCTIONS

This form is to be used for all volunteers leaving service.
Interview is to be conducted by someone other than the volunteer's immediate supervisor.
When completed, this form is forwarded to the Provincial/Territorial Commissioner.

Section I - SET AGENDA AND PURPOSE FOR THE INTERVIEW

EXAMPLE

Thank you for coming today. Before you leave, we would like your input on how we can offer our volunteers the best volunteer experience.

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

Likewise, you will be given the opportunity to ask me any questions.

Section II - REASONS FOR LEAVING

Q. *Why are you leaving St. John Ambulance?*

FOR INTERVIEWER USE ONLY

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- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Unable to meet obligations | <input type="checkbox"/> Personal situation changed | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Conflict with another member | <input type="checkbox"/> Lost interest | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Lack of promotional opportunities | <input type="checkbox"/> Lack of recognition | <input type="checkbox"/> Other |
| <input type="checkbox"/> Conflict with supervisor | <input type="checkbox"/> Illness | _____ |
| <input type="checkbox"/> Poor leadership | <input type="checkbox"/> Training demands | _____ |

Q. ***What changes would you recommend to make St. John a better place to volunteer?***

FOR INTERVIEWER USE ONLY

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|--|--|
| <input type="checkbox"/> More recognition | <input type="checkbox"/> Improve communication |
| <input type="checkbox"/> Uniform changes | <input type="checkbox"/> Other |
| <input type="checkbox"/> Leadership skills | |
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Q. ***What did you like least about your volunteer experience with St. John?***

FOR INTERVIEWER USE ONLY

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- | | | |
|---|---|--|
| <input type="checkbox"/> Too many “cliques” | <input type="checkbox"/> Unreasonable demands | <input type="checkbox"/> Too much “red tape” |
| <input type="checkbox"/> Last minute requests | <input type="checkbox"/> Not enough recognition | <input type="checkbox"/> Other |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Training demands | |
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Q. ***What did you like best about your volunteer experience with St. John?***

FOR INTERVIEWER USE ONLY

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- | | | |
|--|--|---|
| <input type="checkbox"/> Team work | <input type="checkbox"/> Sense of giving to community | <input type="checkbox"/> Skills learned |
| <input type="checkbox"/> Made many friends | <input type="checkbox"/> Great volunteer opportunities | <input type="checkbox"/> Other |
| <input type="checkbox"/> Recognition | <input type="checkbox"/> Experience gained | |
| <input type="checkbox"/> Leaders | <input type="checkbox"/> Uniform | |
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Q. (If applicable) ***Would you consider rejoining if circumstances changed?***

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- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> YES, Why | <input type="checkbox"/> NO, Why? |
|-----------------------------------|-----------------------------------|

Q. ***Would you recommend the St. John Ambulance Brigade as a good place to volunteer?***

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- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> YES, Why | <input type="checkbox"/> NO, Why? |
|-----------------------------------|-----------------------------------|