

STAY SURVEY



This Stay Survey provides us with valuable information to identify ways in which we can better support our staff and crews.

Department Name _____

1 Why did you initially decide to volunteer? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Help my community | <input type="checkbox"/> Gain experience to become a career firefighter |
| <input type="checkbox"/> Friend/family connection | <input type="checkbox"/> Incentives associated with volunteering (tax relief, affordable housing programs, tuition reimbursement, etc.) |
| <input type="checkbox"/> Learn new skills | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Career development | _____ |
| <input type="checkbox"/> Meet new people | |

2 Why do you volunteer today? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Help my community | <input type="checkbox"/> Meet new people |
| <input type="checkbox"/> Friend and/or family connection/camaraderie | <input type="checkbox"/> Incentives associated with volunteering (tax relief, affordable housing programs, tuition reimbursement, etc.) |
| <input type="checkbox"/> Learn new skills | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Career development | _____ |

3 On a scale of 1-5 (1-Always, 5-Never), the training opportunities offered by my department:

- | | |
|--|--|
| ___ Are well organized | ___ Are appropriate for volunteer time constraints |
| ___ Are relevant to my job/volunteer functions | ___ Follow an acceptable standard |
| ___ Meet my expectations | |

4**On a scale of 1-5 (1-Always, 5-Never), leadership:**

- | | |
|---|---|
| <input type="checkbox"/> Makes safety a top priority | <input type="checkbox"/> Respects my personal obligations and time |
| <input type="checkbox"/> Communicates policies, guidelines, and practices effectively | <input type="checkbox"/> Provides recognition for a job well done |
| <input type="checkbox"/> Follows operating guidelines and policies | <input type="checkbox"/> Resolves complaints and problems promptly and efficiently |
| <input type="checkbox"/> Makes me feel part of the organization | <input type="checkbox"/> Values feedback and input from the team |
| | <input type="checkbox"/> Provides the support I need to work safely and effectively |

5**On a scale of 1-5 (1-Always, 5-Never), my fellow members:**

- | | |
|--|--|
| <input type="checkbox"/> Make safety a top priority | <input type="checkbox"/> Make me feel part of the organization |
| <input type="checkbox"/> Communicate policies, guidelines, and practices effectively | <input type="checkbox"/> Respect my personal obligations and time |
| <input type="checkbox"/> Follow operating guidelines and policies | <input type="checkbox"/> Value feedback and input from the team |
| | <input type="checkbox"/> Provide the support I need to work safely and effectively |

6**How likely are you to recommend the fire department to others?**

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Very likely | <input type="checkbox"/> Unlikely |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Very unlikely |
| <input type="checkbox"/> Neutral | |

7**Think of the benefits the department provides. Are there any additional benefits you would like to see the department offer?****8****What current benefits do you like most?**

9

What makes you proud about being a member of the department?

10

What do you like least about volunteering with this department?

11

What would improve your experience with the department?

12

Do you have plans to leave the department soon and why?

13

What current factors could lead you to discontinue volunteering? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Lack of professional communication | <input type="checkbox"/> Scheduling constraints that prevent me from volunteering |
| <input type="checkbox"/> Unclear expectations about time, effort, or duties expected as a volunteer | <input type="checkbox"/> Health concerns |
| <input type="checkbox"/> Lack of flexibility in training and volunteer schedules | <input type="checkbox"/> Lack of call volume/excitement |
| <input type="checkbox"/> Few opportunities for professional development or advancement within the department | <input type="checkbox"/> Moving to a new area |
| <input type="checkbox"/> Lack of camaraderie or sense of community among everyone in the department | <input type="checkbox"/> Lack of family support or difficulty balancing volunteering with family commitments |
| <input type="checkbox"/> Poor leadership | <input type="checkbox"/> Career or job demands |
| <input type="checkbox"/> Financial constraints that prevent me from volunteering | <input type="checkbox"/> Retirement |
| | <input type="checkbox"/> Other _____ |

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What questions or comments would you like to share that have not been covered?

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This survey is confidential, and the results will be presented in a manner which protects anonymity and confidentiality. We appreciate your service, and we are thankful for your willingness to complete this survey to enhance the department's operations.

This survey was developed by the National Volunteer Fire Council.