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| **MEMBERSHIP QUALITY SURVEY** | |  |
| **DEPARTMENT:** |  |
| **DATE:** |  |

The following survey is designed to guide your department towards enhancing its current service level, reliability and/or extent of service while improving the working conditions for its members.

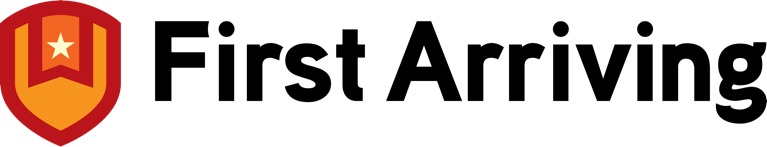
There are no wrong answers to these questions. Your answers will be kept in strict confidence and the surveys completed and returned will be summarized to compile a composite look at the "quality of life" of your membership. From this composite, we will offer general and specific suggestions for change and improvement. Therefore, it is imperative that you answer each question as honestly and candidly as possible.

The goals of this survey are:

* To gauge the current morale and general attitude level of our department
* To identify what the department can do to improve your life as a member
* To determine how your knowledge, skills, abilities, experience and talents can be best utilized by the department

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| **About You:** | | | | | | | | | | | | |
| Age Range | 14-17 | 18-25 | 26-34 | 35-44 | 45-54 | | | | 54+ | | | |
| Gender | Male | Female |  |  |  | | | |  | | | |
| Years of Service in this Department | <1 | 1-5 | 6-10 | 11-15 | 16-20 | | | | 20+ | | | |
| Education | GED | High School | Some College | 2 yr. College | 4 yr. College | | | | Other | | | |
| Occupation Category | Service | Laborer | Technical | Production | Management | | | | Student | | | |
| **Qualifying Questions:** | | | | | | | | | | | | |
| 1. What could your department do for you - to make your membership more enjoyable, rewarding or satisfying? | | | | | | | | | | | | |
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| 1. Why did you, or what made you join this department? | | | | | | | | | | | | |
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| 1. What do you like most about being a member of this department? | | | | | | | | | | | | |
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| 1. What do you like the least about being a member of this department? | | | | | | | | | | | | |
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| 1. What could the department do for your spouse or family to improve your relationships with them? | | | | | | | | | | | | |
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| 1. How long do you foresee yourself as a member of this department? Why? | | | | | | | | | | | | |
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| 1. How do you display your pride in your department? | | | | | | | | | | | | |
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| 1. If there was one thing you could change about the leadership in your department, what would that be? | | | | | | | | | | | | |
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| 1. What would make your department more appealing to prospective recruits? | | | | | | | | | | | | |
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| 1. Describe the type of person you would like your department to recruit: | | | | | | | | | | | | |
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| 1. I would be more active in my department if it weren't for: | | | | | | | | | | | | |
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| **Quantifying Questions (1=Strongly Disagree 2=Disagree 3=Undecided 4=Agree 5=Strongly Agree)** | | | | | |  | **1** | **2** | | **3** | **4** | **5** | |
| 1. My department's leadership assists me in my weak areas | | | | | |  |  |  | |  |  |  | |
| 1. My department's training program is not challenging enough | | | | | |  |  |  | |  |  |  | |
| 1. We have more calls than I want to respond to | | | | | |  |  |  | |  |  |  | |
| 1. My department lets us know how we are doing on a regular basis | | | | | |  |  |  | |  |  |  | |
| 1. Too much time is required for training | | | | | |  |  |  | |  |  |  | |
| 1. My department communicates what is expected of me | | | | | |  |  |  | |  |  |  | |
| 1. Meetings are too frequent and/or too long | | | | | |  |  |  | |  |  |  | |
| 1. My department is fulfilling its obligations to the community | | | | | |  |  |  | |  |  |  | |
| 1. We must commit too much time to fund raising duties | | | | | |  |  |  | |  |  |  | |
| 1. My department recognizes and rewards my efforts adequately | | | | | |  |  |  | |  |  |  | |
| 1. My department gives me the opportunity to perform the duties I would like to | | | | | |  |  |  | |  |  |  | |
| 1. We have more calls than I can respond to | | | | | |  |  |  | |  |  |  | |
| 1. Performing non-emergency/administrative functions requires too much of my time | | | | | |  |  |  | |  |  |  | |
| 1. We have too many/too long work details | | | | | |  |  |  | |  |  |  | |
| 1. My perception of our department's image is a positive one | | | | | |  |  |  | |  |  |  | |
| 1. My department is utilizing my knowledge and skills to their full potential | | | | | |  |  |  | |  |  |  | |
| 1. The community has a positive perception of my department's image | | | | | |  |  |  | |  |  |  | |
| 1. My department is utilizing my talents/abilities to their full potential | | | | | |  |  |  | |  |  |  | |
| 1. The required time commitment is more than what I expected | | | | | |  |  |  | |  |  |  | |
| 1. My department is utilizing my experience to its full potential | | | | | |  |  |  | |  |  |  | |

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| **Comments:** |
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