

Section 1 The aim of this section is to understand why you became a volunteer and why you continue to volunteer your services?

Circle the appropriate number. If a point is not applicable, answer not important.

1. Please indicate how important each point is in influencing your decision to be a Volunteer Ambulance Officer. Please circle the appropriate number.

	Level of importance to you				
	5				1
	Very				Not at all
Learning new skills	5	4	3	2	1
Meeting new people	5	4	3	2	1
Improving employment prospects	5	4	3	2	1
A sense of achievement	5	4	3	2	1
Assisting the community	5	4	3	2	1
Excitement	5	4	3	2	1
Being part of a group	5	4	3	2	1
Gaining self-esteem	5	4	3	2	1
Other (specify) _____	5	4	3	2	1

2. Please indicate why you joined a Volunteer Ambulance Unit? Please Circle the appropriate number.

	Level of importance to you				
	5				1
	Very				Not at all
The local ambulance unit stood out in the community	5	4	3	2	1
I had seen the VAO in action and it prompted me to join	5	4	3	2	1
I had friends or family who were members	5	4	3	2	1
A representative of the organization asked me to join	5	4	3	2	1
The organization advertised for volunteers	5	4	3	2	1
The unit needed more volunteers to continue	5	4	3	2	1
I am interested in the medical/ first -aid field	5	4	3	2	1
Other (specify) _____	5	4	3	2	1

3. List three VAO activities you enjoy.

- _____
- _____
- _____

4. List three OTHER things you enjoy about being a VAO, if any.

- _____
- _____
- _____

5. List three things that make involvement in VAO activities difficult, if any.

- _____
- _____
- _____

6. How many hours in an average month would you spend doing volunteer ambulance:

Training _____ On call availability _____ Administrative work _____ Call-outs _____

Section 2 The aim of this section is to find out how well your organisation supports Volunteer Ambulance Officers.

Please, circle the relevant number, or the yes or no.

7. Please indicate the level of importance of these events to you AND tick if an event has occurred within the last twelve months.

	Level of importance to you					Tick if has occurred within last 12 months
	5				1	
	Very				Not at all	
Received Thank- you letter	5	4	3	2	1	<input type="checkbox"/>
Received Training Certificate	5	4	3	2	1	<input type="checkbox"/>
Received Letter of Commendation	5	4	3	2	1	<input type="checkbox"/>
Management staff visited unit	5	4	3	2	1	<input type="checkbox"/>
Publicity in media regarding Ambulance Organisation	5	4	3	2	1	<input type="checkbox"/>
Had the opportunity to provide feedback to management	5	4	3	2	1	<input type="checkbox"/>
Management contact person was available and supportive (BSO or other)	5	4	3	2	1	<input type="checkbox"/>
Social events organised by management	5	4	3	2	1	<input type="checkbox"/>
Social events organised by Volunteer Unit	5	4	3	2	1	<input type="checkbox"/>
Received National or Ambulance Medal	5	4	3	2	1	<input type="checkbox"/>
Received organisational information	5	4	3	2	1	<input type="checkbox"/>
Public relations work within local area	5	4	3	2	1	<input type="checkbox"/>

8. Please indicate how important each service is to you as a Volunteer Ambulance Officer (whether or not it is offered by your organization).

	Level of importance to you				
	5				1
	Very				Not at all
Critical Incident Stress Management	5	4	3	2	1
Counselling services	5	4	3	2	1
Clinical feedback on significant cases	5	4	3	2	1
Occupational Health and Safety	5	4	3	2	1
Branch Station Officer assistance	5	4	3	2	1
Adequate Uniform quantity	5	4	3	2	1
Timely delivery of uniforms	5	4	3	2	1
Reimbursement of phone / meals/ travel costs	5	4	3	2	1
Childcare	5	4	3	2	1

9. Do you usually experience good relationships with other: (please circle)

- | | | |
|-----------------------------------|-----|----|
| Volunteer Ambulance Officers | Yes | No |
| Volunteer Ambulance Coordinators | Yes | No |
| Branch Station Officers | Yes | No |
| Members of the Ambulance Services | Yes | No |
| Members of the Health Services | Yes | No |

10. Do you have any other comments?

SECTION 3 The aim of this section is to find out how well training fits the needs of the volunteers.

Please circle your answer

11.	I usually spend less than 30 minutes to reach the training location	Yes	No
12.	Training programmes are usually run at a convenient time for me	Yes	No
13.	Training sessions are interesting	Yes	No
14.	Training takes too much of my time	Yes	No
15.	The training offered through the unit is appropriate for my needs	Yes	No
16.	My unit has a training plan	Yes	No
17.	Training sessions usually have all the necessary equipment	Yes	No
18.	The current assessment methods adequately reflect my competencies	Yes	No
19.	I wish to upgrade to the next level of training	Yes	No
20.	I have access to the internet	Yes	No
21.	I use the training information that is available on the internet	Yes	No
22.	I am aware of the benefits of video and teleconferencing to complement face-to-face training	Yes	No
23.	My unit has offered a Level 1 Module in the last six months	Yes	No
24.	My unit has offered a Level 2 Module in the last six months	Yes	No
25.	The skills maintenance program is well organised in my unit	Yes	No
26.	Observing on city ambulances gives valuable case experience	Yes	No
27.	Our volunteer unit usually functions well as a team	Yes	No
28.	Induction training is well organised in my unit	Yes	No

Section 4 The aim of this section is to establish basic information upon which other information can be added.

Please circle your answer

29	Age	Gender	Marital Status	Dependents	Education Level
	18-30	Male	Single	Children	Primary or High School
	31-45	Female	Married/Partner	Other	HSC
	46-60			None	Diploma/Degree
	Over 60				Post Graduate

30. In which town is your unit located? _____

31. For how long have you been a Volunteer Ambulance Officer? _____ Years _____

32 Circle more than one answer per section if appropriate.

	Usual Occupation	Which industry are you employed in?	VAO Level	Member of which Organisations
	Not employed	Farming	VAO in training	TAS Ambulance
	Student	Tourism	Level 1	Independent Ambulance Service (e.g. St Johns)
	Self-employed	Mining	Level 2	VAO Association
	Full-time employee	Health	Level 3	Fire/ SES
	Part-time employee	Forestry		
	Casual employee	Other		

THANK YOU FOR YOUR ASSISTANCE

(If you wish to convey your thoughts on issues that you feel need expanding on, or are not covered, please use the back page. This information may not be included in the statistical analysis, but will be considered important information for further consideration.)