

Volunteer Driver Program Took Kit Volunteer Driver Supervision and Evaluation

Sample Rider Satisfaction Survey

Name: _____

Date: _____

Address: _____

Phone: _____

At [ABCD], we are dedicated to providing excellent service to our riders. To evaluate our service, we would appreciate your feedback about your experience(s) with the program.

Please rate our Volunteer Driver Program by checking the box that applies to these statements:

| Service | Excellent | Good | Fair | Poor |
|--|-----------|------|------|------|
| When I scheduled my ride, the person on the phone was courteous. | | | | |
| My driver was punctual. | | | | |
| I received the assistance I required from the driver. | | | | |
| We arrived at my destination on time. | | | | |
| The vehicle was clean and comfortable. | | | | |
| I felt safe in the vehicle. | | | | |
| The driver was courteous. | | | | |
| The driver wore an [ABCD] name tag and was easily identifiable. | | | | |
| The driver requested that I wore a seatbelt. | | | | |
| The driver drove defensively. | | | | |
| The driver communicated clearly with me when needed. | | | | |

What was the name of your driver? _____

Do you have more feedback about the service the driver provided?

What are the strengths of our driving program?

Do you have a great story about our program to share with us?

How can we improve our driving program?

Thank you for taking the time to provide feedback about our volunteer driving program!