



QUESTIONNAIRE FOR ENVIRONMENTAL HEALTH SCIENCE INTERNS

Date: _____

1. Name: _____
2. Address: _____
3. Local Phone Number: _____
4. E-mail Address: _____
5. Expected Graduation Date: _____
6. Semester and Year Desiring Internship? _____
7. Have you submitted a Resume' to Dr. Zimeri? _____

The following are questions to help determine which internship you would prefer. Please answer each question by ranking them in order of your preference with 1 = your first choice, 2 = your second choice and so forth.

8. Which of the following is your preference for type of internship?

- | | |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | A. Industrial Hygiene |
| <input type="checkbox"/> | B. Environmental Protection |
| <input type="checkbox"/> | C. Public Health |
| <input type="checkbox"/> | D. No Preference |
| <input type="checkbox"/> | E. Other (please specify) |

9. What type of institution would you like to work in?

- | | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | A. Government Agency - Federal |
| <input type="checkbox"/> | B. Government Agency - State |
| <input type="checkbox"/> | C. Government Agency - Local |
| <input type="checkbox"/> | D. Private Industry |
| <input type="checkbox"/> | E. Academic |
| <input type="checkbox"/> | F. Other (please specify) |

10. Which of the following locations do you prefer?

- | | |
|--------------------------|--|
| <input type="checkbox"/> | A. Athens, GA |
| <input type="checkbox"/> | B. Atlanta, GA |
| <input type="checkbox"/> | C. Other but in Georgia (please specify) |
| <input type="checkbox"/> | |

- D. Other but in another state
- E. No preference

11. Do you require compensation for your internship?

- A Yes
- B. No
- C. Maybe (please explain)

12. What length of internship do you prefer?

- A. One semester
- B. Every other semester (Co-op Program)
- C. Other (please specify)
- D. No preference

13. Which semester would you like to do an internship?

- A. Summer
- B. Fall
- C. Spring

14. Which of the following is most important to you (please rank from most important (1) to least important (7)).

- A. Type of internship
- B. Type of institution
- C. Location of internship
- D. Compensation for internship
- E. Length of internship
- F. Semester of internship
- G. Other (please specify)

Is there any information that is important for us to know about your internship? Please be as specific as possible in order for us to help you obtain the internship you want.

**PLEASE RETURN THIS FORM TO DR. ZIMERI, INTERNSHIP OFFICE
LOCATED IN ROOM 201-B, ENVIRONMENTAL HEALTH SCIENCE
BUILDING OR EMAIL TO: zimeri@uga.edu**