



Internship Evaluation

Professional Golf Management Students:

In an effort to communicate your internship experiences with other interested PGM students, we hope you will assist us by taking approximately 10 minutes to complete the enclosed questionnaire.

The survey will help future PGM students in their quest for an internship site to fit their needs. Please check all areas that apply and describe your internship experiences thoroughly so we may communicate this information to those interested in working with the club on their next co-op. The completed co-op work experience surveys will be available to students in the PGM office.

Thank you!

PGM Staff

PLEASE BE PROFESSIONAL IN YOUR RESPONSES!

Name of facility: _____

City and state: _____

Starting date of internship: _____

Your name: _____

Your current phone: _____ E-mail: _____

Facility: Private Semi-Private Public Resort Daily Fee
 Municipal Other

Internship/co-op level: 1 2 3 4 5

In your opinion, what level did you work: 1 2 3 4 5

Percentage (%) of time you spent on each area:

<input type="checkbox"/> Golf Shop	<input type="checkbox"/> Bag Room	<input type="checkbox"/> Tournament Activities
<input type="checkbox"/> Teaching	<input type="checkbox"/> Cart room	<input type="checkbox"/> Other _____
<input type="checkbox"/> Club Repair	<input type="checkbox"/> Driving Range	<input type="checkbox"/> Other _____
<input type="checkbox"/> Starter	<input type="checkbox"/> Course Advisor	

Other responsibilities included: _____

What type of work schedule did you have (average week)?

Eight (8) hour days with regular days off

Six (6) day work week with one (1) day off per week

Other: _____

What were your regular earnings? \$ _____ per hour \$ _____ per week

Did you receive any other form of compensation from the club? Yes No

If yes, did you receive extra compensation from:

<input type="checkbox"/> Teaching	<u>Amount \$ (per week)</u>
<input type="checkbox"/> Tournament activities	_____
<input type="checkbox"/> Club repair	_____
<input type="checkbox"/> Tips from cleaning and caring for clubs	_____
<input type="checkbox"/> Bag room duties	_____
<input type="checkbox"/> Other:	_____

What type of weekly or annual tournaments were held at your club?:

Women's League/Day

Men's League/Day

Junior League/Day

Weekend Member Tournaments

Local Professional or Amateur Events

Other: _____

Name of head golf professional/supervisor: _____

Describe your working relationship with the head golf professional/supervisor: _____

Were the head golf professional, assistant golf professional, and other staff available to assist you with GPTP?: Yes No

Explain: _____

Description of course layout (if applicable), e.g., long, short, wide open, etc.): _____

General condition of course and greens (1 = Poor, 10 = Excellent)"

Course _____

Greens _____

Was housing provided? Yes No

If yes, please describe: _____

If no, did the facility help with housing arrangements? Yes No

If yes, how did they help? _____

Describe the area where your club was located: _____

List and describe some of the other golf courses in the area: _____

Was your head golf professional/supervisor willing to call and allow you to play on area golf courses? Yes No Comments: _____

When were you allowed to play and practice? _____

Would you recommend this golf club for future PGM students? Yes No Uncertain

Comments: _____

How would you rate your overall work experience?:

Excellent Good Average Fair Poor

(To be completed by PGM staff)

Evaluation read by _____ Date _____

Action taken if required _____
