# Alumni and Early Exit Survey

**Public Health AmeriCorps Member Survey Questions**

OMB Control Number: XXX (Expires XX/XX/XX)

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| ­­Module 1: Core Questions |

**Joining PHA**

1. **From which sources did you learn about Public Health AmeriCorps before you joined the program?** *Select all that apply.*

( ) Host organization’s social media

( ) AmeriCorps social media

( ) Internet search

( ) Handshake job search site

( ) Other job search sites (e.g. LinkedIn, Indeed)

( ) Informational webinar

( ) Offline advertisement(s) (e.g. poster, flyer, billboard, newspaper/magazine/radio ad)

( ) Career fair/job fair

( ) AmeriCorps alumni

( ) AmeriCorps staff member(s)

( ) Teacher(s)/Professor(s)

( ) Academic advisor(s) or guidance counselor(s)

( ) College/university career development center

( ) Other source(s), please specify:

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1. **People join Public Health AmeriCorps for a variety of reasons. Which of the following reasons motivated you to join?** *Select all that apply.*

( ) I wanted to pursue a career in public health.

( ) I wanted to gain experience in national service or civic engagement.

( ) I wanted to help improve health outcomes for the community I belong to and/or identify with.

( ) I wanted to help improve health outcomes for a community underserved by public health and/or healthcare organizations.

( ) I wanted to assist communities with COVID-19 relief efforts.

( ) I wanted an opportunity to apply skills and knowledge I have related to public health.

( ) I wanted to improve my chances of being hired for a public health-related job.

( ) I wanted the opportunity to network with professionals in the public health field.

( ) Someone at the host organization I served with encouraged me to join.

( ) I was not able to find a job.

( ) I wanted to earn the Segal AmeriCorps Education Award to cover educational expenses.

( ) My school offered course credit for the service experience.

( ) Other reason(s) you were motivated to serve, please specify:

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**Prior Experiences in Service, Volunteering, and Public Health**

For the next few questions, *public health* is defined as the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals.

1. **Before your Public Health AmeriCorps service, did you have any volunteer or service experience? Select all that apply.**

( ) Yes, I served with another AmeriCorps program (e.g., AmeriCorps VISTA, AmeriCorps Seniors, AmeriCorps NCCC).

( ) Yes, I served with an international service program (e.g., Peace Corps).

( ) Yes, I volunteered with another type of organization (e.g., church, synagogue, temple, mosque, school, nonprofit organization, hospital, or community health center).

( ) Yes, I did informal volunteering (providing unpaid support to my community, neighbors, or friends but not with a formal organization).

( ) Yes, I served in the military (including the military reserves).

( ) Yes, I served in a non-military uniformed service (e.g., U.S. Public Health Service Commissioned Corps).

( ) No, I had not served or volunteered before.

1. **Before your Public Health AmeriCorps service, did you have any public health experience?**

( ) Yes

( ) No [SKIP to Question 6]

( ) Don’t remember [SKIP to Question 6]

1. **How did you gain that prior public health experience? Select all that apply.**

( ) Through my education (e.g. formal schooling or degree program, a certificate/training program, or non-credit courses)

( ) Through a part-time job

( ) Through a full-time job

( ) Through an internship

( ) Through a fellowship

( ) Through a volunteering experience (either formally through an organization or informally)

( ) Through a national service program (e.g., an AmeriCorps program)

( ) Through an international service program (e.g., Peace Corps)

( ) Through the military (including the military reserves)

( ) Through a non-military uniformed service (e.g., U.S. Public Health Service Commissioned Corps)

( ) Other(s), please specify

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**Challenges and Barriers during Service**

1. **People may face challenges and barriers during their service. Which of the following posed a challenge or barrier for you during your service with Public Health AmeriCorps?** *Select one button in each row.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes, this was a challenge/barrier for me.**  | **No, this was not a challenge/barrier for me.**  | **Did not apply to my situation.** |
| Transportation needed to serve | ( )  | ( )  | ( )  |
| The stipend not being sufficient to cover expenses while serving | ( )  | ( )  | ( )  |
| Finding sufficient health insurance coverage | ( ) | ( ) | ( ) |
| Postponing paid work to gain the service experience | ( ) | ( ) | ( ) |
| My comfort level communicating in English | ( )  | ( )  | ( )  |
| My comfort level communicating with a non-English speaker  | ( )  | ( )  | ( )  |
| Lack of affordable housing I could live in during my service | ( )  | ( )  | ( )  |
| Personal safety in the communities served by my host organization | ( ) | ( )  | ( ) |
| Personal health or physical capabilities | ( )  | ( )  | ( )  |
| Not having the skills or knowledge related to my role | ( )  | ( )  | ( )  |
| Insufficient training for my service activities | ( )  | ( )  | ( )  |
| Balancing service hours with school, work, or other educational/professional commitments  | ( ) | ( ) | ( ) |
| Balancing service hours with family obligations | ( ) | ( ) | ( ) |

1. **Were there other challenges or barriers you faced during your service with Public Health AmeriCorps? If yes, please specify what they were.**

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**Member Service Activities**

1. **During your service, what were the service activities you did to support your host organization’s goals?** *Select all that apply.* **[EXCLUDED FROM EARLY EXIT SURVEY]**

( ) Collected data to assess the health or social needs of communities or community members

( ) Analyzed quantitative (numerical) or qualitative (text) data

( ) Presented analytical findings to stakeholders or organizational partners

( ) Helped local, county, state, or tribal health departments implement policies or programs

( ) Educated community members on health improvement or disease prevention (including the dissemination of education materials)

( ) Connected community members to health services or social service programs (e.g., food stamps, housing assistance, disability assistance, supplemental income program)

( ) Supported the provision of mental health services (e.g. scheduling patients, facilitating group therapy sessions)

( ) Answered suicide prevention calls, texts, or chats

( ) Supported the provision of substance use counseling services (e.g. scheduling patients, facilitating recovery coaching sessions)

( ) Supported the provision of clinical services (e.g., scheduling patients, providing medical or non-medical care to patients, administering vaccinations)

( ) Supported COVID-19 recovery, testing, or vaccination services

( ) Coordinated/facilitated community events, classes, or workshops related to public health (including nutrition classes/workshops)

( ) Coordinated or managed dissemination of newsletters, flyers, or other communications

( ) Provided/facilitated mentoring services

( ) Other(s), please specify

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**Training and Resources during Service**

1. Which trainings or resources from your host organization prepared you **for your service activities**? *Please provide 1-3 different examples of trainings or resources. It is not necessary to describe them in detail.* **[EXCLUDED FROM EARLY EXIT SURVEY]**

( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [70-character limit]

( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [70-character limit]

( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [70-character limit]

( ) Not applicable

**Member Experience**

1. **How much do you agree or disagree with the following statements related to your Public Health AmeriCorps service?** *Select one button in each row.* **[EXCLUDED FROM EARLY EXIT SURVEY]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Somewhat disagree** | **Somewhat agree** | **Strongly agree** |
| It was a fulfilling way to gain experience in national service/civic engagement. | ( ) | ( ) | ( ) | ( ) |
| I was able to help improve access to health services or resources in the community where I live. | ( ) | ( ) | ( ) | ( ) |
| I was able to help improve access to health services or resources for a community of people I identify with (e.g., based on race/ethnicity, socioeconomic status immigrant status, health conditions, etc.). | ( )  | ( )  | ( )  | ( )  |
| I gained new knowledge and skills related to public health. | ( )  | ( )  | ( )  | ( )  |
| I met people who could connect me to job opportunities in the public health field. | ( )  | ( )  | ( )  | ( )  |
| I was introduced to professionals outside of my host organization who work in the public health field.  | ( )  | ( )  | ( )  | ( )  |

**Skills/Knowledge Gained**

**For the next three questions, “I was already highly skilled” means the following: before you joined Public Health AmeriCorps, you could already utilize the skill/knowledge independently and assist or teach others about the skill/knowledge.**

1. **How much do you agree or disagree that your Public Health AmeriCorps service helped you gain the following skills or knowledge? Select one button in each row.**
2. *Cultural Competency Skills* **[EXCLUDED FROM EARLY EXIT SURVEY]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Somewhat disagree** | **Somewhat agree** | **Strongly agree** | **Not relevant to my service** | **I was already highly skilled in this.** |
| Understanding the importance of cultural, social, and behavioral factors in the delivery of public health services | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Interacting sensitively and effectively with persons from diverse backgrounds | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Developing and adapting approaches to problems that account for cultural differences | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Understanding factors contributing to cultural diversity | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Understanding the importance of a diverse workforce | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |

1. *Community dimensions of practice and Leadership skills* **[EXCLUDED FROM EARLY EXIT SURVEY]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Somewhat disagree** | **Somewhat agree** | **Strongly agree** | **Not relevant to my service** | **I was already highly skilled in this.** |
| Collaborating with community partners to promote the health of a population | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Understanding how public and private organizations operate within a community | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Effectively engaging with a community of people | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Contributing to the implementation and monitoring of a health policy or program | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Helping create key values and a shared vision for an organization | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |

1. *Policy development and program skills and Public health science skills* **[EXCLUDED FROM EARLY EXIT SURVEY]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Somewhat disagree** | **Somewhat agree** | **Strongly agree** | **Not relevant to my service** | **I was already highly skilled in this.** |
| Describing the feasibility and expected outcomes of a health policy | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Developing a plan to implement a health policy | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Translating a health policy into a program or intervention | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Assessing and describing the health status of a population | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Understanding factors contributing to health promotion,disease prevention, and the use of health services | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Identifying and retrieving current, relevant scientific evidence | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Understanding the historical development and interaction between public health and healthcaresystems | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |

**Satisfaction with Service**

1. **In retrospect, what do you think about the amount of activities you had to do during your service?**

( ) I usually did not have enough to do.

( ) It was usually the right amount.

( ) I usually had too much to do.

1. **In retrospect, what do you think about the difficulty of your service activities?**

( ) They were usually not challenging enough for me.

( ) They were usually a suitable level of difficulty for me.

( ) They were usually too difficult for me.

1. **Did your service activities align with what you expected to do when you joined Public Health AmeriCorps?**

( ) Not at all aligned

( ) Slightly aligned

( ) Moderately aligned

( ) Very aligned

1. **How satisfied were you with the supervision provided by your host organization?**

( ) Very dissatisfied

( ) Somewhat dissatisfied

( ) Somewhat satisfied

( ) Very satisfied

1. **How do you feel about your overall Public Health AmeriCorps service experience?**

( ) Very dissatisfied

( ) Somewhat dissatisfied

( ) Somewhat satisfied

( ) Very satisfied

1. **Please describe why you are satisfied or not satisfied with your overall Public Health AmeriCorps service experience.**[200-character limit]

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1. **What is your recommendation to improve the Public Health AmeriCorps service experience?** [200-character limit]

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| **Module 2: Short-Term Plans and Current Employment** |

**Segal AmeriCorps Education Award**

1. **Have you used your Segal AmeriCorps Education Award? [EXCLUDED FROM EARLY EXIT SURVEY]**

( ) Yes

( ) No, but I plan to use it. [SKIP to Q22]

( ) No, and I do not plan to use it. [SKIP to Q22]

1. **Did you use your Segal AmeriCorps Education Award for the following purposes?** *An example of a “public health pursuit” is a public health degree or a public health-recognized certification or training.* **[EXCLUDED FROM EARLY EXIT SURVEY]**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes, related to public health pursuit** | **Yes, NOT related to public health pursuit** | **No** |
| To pay for certifications or trainings | ( )  | ( )  | ( )  |
| To pay for expenses related to college (excluding student loans) | ( )  | ( )  | ( )  |
| To pay for expenses related to graduate studies (excluding student loans) | ( )  | ( )  | ( )  |
| To pay some of my student loans | ( )  | ( )  | ( )  |
| Transferred education award to a family member | ( )  | ( )  | ( )  |

1. **Did you use your Segal AmeriCorps Education Award for any other purpose? If yes, please specify what that purpose was and if it was related to a public health pursuit.** **[EXCLUDED FROM EARLY EXIT SURVEY]**

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**Intentions Post-Service**

1. **What are your professional, educational, or service-related plans for the next six months? Select all that apply.**

( ) I am retired/I plan to retire in the next six months

( ) Work for pay in the field of public health (excluding volunteering or national service)

( ) Work for pay outside the field of public health (excluding volunteering or national service)

( ) Work for pay in the public/government sector (excluding volunteering or national service)

( ) Work for pay in the private, nonprofit sector (excluding volunteering or national service)

( ) Start or continue a vocational/technical training program

( ) Start or continue school to study public health

( ) Start or continue school to study a subject other than public health

( ) Serve for another term in Public Health AmeriCorps

( ) Serve in a different AmeriCorps program

( ) Pursue another service experience (e.g., Peace Corps)

( ) Participate in unpaid volunteer activities

( ) Serve in the military (including the military reserves)

( ) Other, please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [70-character limit]

( ) Do not know

[If “I am retired/I plan to retire in the next six months” is one of the selections, respondent will SKIP to next module]

**Current Employment**

For the next few questions, *public health* is defined as the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals.

1. **Are you currently employed (either full-time or part-time) in a paid job, internship, fellowship, or residency?** *Please exclude volunteering, AmeriCorps service or other national service, and unpaid work.*

( ) Yes

( ) No, but I am actively seeking paid employment. [SKIP to next module]

( ) No, and I am not actively seeking paid employment due to education plans. [SKIP to next module]

( ) No, and I am not actively seeking paid employment due to other reasons. [SKIP to next module]

1. **Would you say you are working in the public health field?** *If you have multiple paid jobs, please reference the job where you work the most hours.*

( ) Yes

( ) No

( ) Not sure

1. **As part of your current employment, do you support (either directly or indirectly) the same community you served during your Public Health AmeriCorps service?** *If you have multiple paid jobs, please reference the job where you work the most hours.*

( ) Yes, the same geographic area(s) I served

( ) Yes, the same demographic(s) or group(s) of people I served (e.g., age group, race/ethnicity, socioeconomic status, immigrant status, health conditions, etc.)

( ) Both

( ) Neither

( ) Not sure

1. **Please write in your job title where you are currently employed.** *If you have multiple paid jobs, please provide your job title where you work the most hours.*

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1. **Are you currently working at your former host organization or a partner of your former host organization?** *If you have multiple paid jobs, please reference the job where you work the most hours.*

( ) Yes, I am working at my former host organization.

( ) Yes, I am working at an organization that partners with my former host organization.

( ) No, I am not working at either.

( ) Not sure

1. **Please choose the best description of the organization or setting where you currently work.** *If you have multiple paid jobs, please reference the job where you work the most hours.*

( ) Local, county, state, or tribal health department

( ) Consulting firm

( ) Health insurance company/managed care

( ) Community health organization (excluding health clinics and healthcare facilities)

( ) Hospital/health system

( ) Long-term care facility/Home Health Agency

( ) Health clinic or healthcare center (excluding hospitals)

( ) Private physician’s office/practice

( ) Marketing/communications firm

( ) Military or Veterans Administration facility

( ) Pharmaceutical/biotechnology or medical device company

( ) Research organization or institute

( ) Nonprofit or philanthropic organization

( ) Technology company

( ) University/college

( ) Elementary school or middle/junior high school

( ) High school

( ) Other(s), please specify

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [70-character limit]

1. **Please describe your most frequent job activities or duties where you currently work.** *If you have multiple paid jobs, please describe your job activities where you work the most hours.*

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| **­Module 3: Early Exit Reasons** |

1. **There are many reasons why AmeriCorps members may end their service early. Public Health AmeriCorps is interested in understanding the reasons for ending your service early. For each of the reasons below, please indicate how influential it was to your decision to leave early. Select one button in each row. [EXCLUDED FROM ALUMNI SURVEY]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all influential** | **Somewhat influential** | **Very influential** | **Extremely influential** |
| I completed a public health-recognized certification/credential during my service. | ( ) | ( ) | ( ) | ( ) |
| I received a job offer from my host organization during my service. | ( ) | ( ) | ( ) | ( ) |
| I received a job offer from an employer other than my host organization during my service. | ( ) | ( ) | ( ) | ( ) |
| I enrolled in a public health degree program during my service. | ( ) | ( ) | ( ) | ( ) |
| Service activities were taking time away from school, work, or other educational/professional commitments. | ( ) | ( ) | ( ) | ( ) |
| Service activities were taking time away from family obligations. | ( ) | ( ) | ( ) | ( ) |
| My service activities did not align with my skills and abilities. | ( ) | ( ) | ( ) | ( ) |
| I did not have sufficient access to reliable or convenient transportation. | ( ) | ( ) | ( ) | ( ) |
| I did not have access to affordable housing during my service. | ( ) | ( ) | ( ) | ( ) |
| I did not feel valued by people at my host organization. | ( ) | ( ) | ( ) | ( ) |
| Communication with community members was difficult due to language barriers. | ( ) | ( ) | ( ) | ( ) |
| I felt disconnect with community members I was serving due to cultural differences. | ( ) | ( ) | ( ) | ( ) |
| I did not feel I was making a difference in people’s lives with my service activities. | ( ) | ( ) | ( ) | ( ) |
| I did not feel safe in the geographic area(s) where I served. | ( ) | ( ) | ( ) | ( ) |
| I have a physical condition that limited my ability to do some service activities. | ( ) | ( ) | ( ) | ( ) |
| I have a mental or emotional condition that limited my ability to do some service activities. | ( ) | ( ) | ( ) | ( ) |
| The risk of COVID-19 infection made me feel uncomfortable being in close proximity to people during service. | ( ) | ( ) | ( ) | ( ) |

1. **Were there other reasons you ended your service early with Public Health AmeriCorps? If yes, please specify what they were.** **[EXCLUDED FROM ALUMNI SURVEY]**

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| **Module 4: Career Support and Career Impact** |

**Career Support**

1. **How helpful were each of the following resources for learning about career opportunities in the public health field? Select one button in each row. [EXCLUDED FROM EARLY EXIT SURVEY]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all helpful | Somewhat helpful | Very helpful | Extremely helpful | I did not use or participate. |
| Conference opportunities offered by Public Health AmeriCorps and/or its partners (e.g., NACCHO, ASTHO, CDC) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Public Health AmeriCorps Foundational Training Learning Plan on CDC TRAIN | ( ) | ( ) | ( ) | ( ) | ( ) |
| Other courses available on CDC TRAIN | ( ) | ( ) | ( ) | ( ) | ( ) |
| Courses (online or in-person) from an organization other than CDC or Public Health AmeriCorps | ( ) | ( ) | ( ) | ( ) | ( ) |
| Webinars and online speaker events offered by Public Health AmeriCorps partners (e.g., NACCHO, ASTHO, CDC) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Webinars offered by your host organization | ( ) | ( ) | ( ) | ( ) | ( ) |
| Public Health AmeriCorps Career Fair | ( ) | ( ) | ( ) | ( ) | ( ) |
| Publichealthcareers.org | ( ) | ( ) | ( ) | ( ) | ( ) |

[SKIP to Q34 if Public Health AmeriCorps career fair/job fair = “I did not use or participate” OR Q22 = “I am retired/I plan to retire in the next six months” OR Q23 ≠ Yes (i.e., not currently employed)]

1. **How influential was the Public Health AmeriCorps Career Fair in securing your current paid job, internship, fellowship, or residency?** *If you have multiple paid jobs, please reference the job where you work the most hours.* **[EXCLUDED FROM EARLY EXIT SURVEY]**

( ) Not at all influential

( ) Somewhat influential

( ) Very influential

( ) Extremely influential

1. **Among the following events/opportunities offered by your host organization, how many did you participate in?** *Select one button in each row.* **[EXCLUDED FROM EARLY EXIT SURVEY]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None | 1 | 2 or more | Not offered by my host organization |
| Career fair(s)/job fair(s) | ( ) | ( ) | ( ) | ( ) |
| Networking opportunities with individuals who work in public health | ( ) | ( ) | ( ) | ( ) |
| Career counseling appointment(s) | ( ) | ( ) | ( ) | ( ) |
| Resume/cover letter workshop(s) | ( ) | ( ) | ( ) | ( ) |
| Practice (“mock”) interview(s) | ( ) | ( ) | ( ) | ( ) |

**Career Impact**

For the next few questions, remember that *public health* is defined as the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals.

1. **As a result of participating in Public Health AmeriCorps, would you say you have:**

( ) Less interest in a career in public health?

( ) About the same interest in a career in public health?

( ) More interest in a career in public health?

( ) I am retired/retiring soon **and** not planning to re-enter the workforce.

1. **How likely do you think you will have a career in public health?**

( ) Very unlikely

( ) Somewhat unlikely

( ) Somewhat likely

( ) Very likely

( ) I am retired/retiring soon **and** not planning to re-enter the workforce.

1. **I would recommend Public Health AmeriCorps to someone considering a career in public health.**

( ) Strongly disagree

( ) Somewhat disagree

( ) Somewhat agree

( ) Strongly agree

1. **Please explain why you would or would not recommend Public Health AmeriCorps to someone considering a career in public health.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [200-character limit]

1. **How influential has Public Health AmeriCorps been to your career path up to this point? [EXCLUDED FROM EARLY EXIT SURVEY]**

( ) Not at all influential [SKIP to Q41]

( ) Somewhat influential

( ) Very influential

( ) Extremely influential

( ) I am retired [SKIP to Q41]

1. **In what ways has your Public Health AmeriCorps experience influenced your career path up to this point? [EXCLUDED FROM EARLY EXIT SURVEY]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [200-character limit]

**Module 5: Demographics**

**Demographics/Background Information**

The following questions are meant to better understand the diversity of Public Health AmeriCorps members.

1. **Please select the highest degree you have obtained up to this point.**

( ) Less than high school completion [SKIP to Question 43]

( ) High school diploma or the equivalent, such as GED

( ) Some college but no degree

( ) Associate degree in college

( ) Bachelor’s degree

( ) Master’s degree, doctoral degree, or professional degree (e.g., M.D., J.D.)

( ) Other, please specify: [SKIP to Question 43]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [70-character limit]

( ) Don't know [SKIP to Question 43]

1. **When did you complete your highest attained degree?**

( ) Before my Public Health AmeriCorps service

( ) During my Public Health AmeriCorps service

( ) After my Public Health AmeriCorps service

1. **Have you completed any public health industry-recognized training, certification, or credential program (e.g. Community Health Worker certification, nursing certification)?**

( ) Yes, please specify those certification(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [200-character limit]

( ) No

1. **Are you currently enrolled in any type of certification or degree program?**

( ) Yes

( ) No [SKIP to Question 47]

1. **Which type of certification or degree program(s) are you currently enrolled in?** *If you’re enrolled in a dual degree program or simultaneously enrolled in separate programs, select all programs that apply.*

( ) Associate’s degree

( ) Bachelor’s degree

( ) Master’s degree, doctoral degree, or professional degree (e.g. M.D., J.D.)

( ) Public health industry-recognized training/certification/credential program

( ) Other type of certification or degree program (please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [70-character limit]

1. **What is the subject area of study (e.g., Public Health, Epidemiology, Medicine, Education)?** *If you’re enrolled in a dual degree program or simultaneously enrolled in separate programs, please indicate which degree/certification applies to each subject area.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [200-character limit]

1. **Before your Public Health AmeriCorps service, how many years of full-time work experience did you have?**

( ) Less than 1 year

( ) 1-3 years

( ) 3-5 years

( ) 5-10 years

( ) 10-20 years

( ) 20 or more years

1. **Do you consider yourself of Hispanic or Latino origin?**

( ) Yes

( ) No

1. **Which of the following best describes your race?** *Select all that apply.*

( ) American Indian or Alaska Native

( ) Asian

( ) Black or African American

( ) Native Hawaiian or Other Pacific Islander

( ) White

1. **How do you currently describe yourself?** *Select all that apply.*

( ) Male

( ) Female

( ) Transgender

( ) Non-binary or another gender

( ) Prefer not to answer

1. **Which of the following best represents how you think of yourself?**

( ) Heterosexual or straight

( ) Gay or lesbian

( ) Bisexual

( ) I use a different term

( ) Prefer not to answer

1. **Do you speak a language other than English at home?**

( ) Yes

( ) No

1. **Is the home/residence where you currently live…**

( ) Owned by you or someone in your household?

( ) Rented?

( ) Occupied without payment of rent?

( ) I do not currently have a home/residence to consistently live in.

( ) Other situation, please specify (e.g., college dormitory/residence hall, military barracks):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [70-character limit]

1. **What is your current marital status?**

( ) Never married

( ) Married / Partnered

( ) Divorced / Separated

( ) Widowed

1. **Do you serve as someone’s primary caregiver?**

( ) Yes

( ) No

1. **What is/was the highest level of education completed by your mother?**

( ) Less than high school completion

( ) High school diploma or the equivalent, such as GED

( ) Some college but no degree

( ) Associate degree in college

( ) Bachelor’s degree

( ) Master’s degree, doctoral degree, or professional degree (e.g., M.D., J.D.)

( ) Don't know

( ) Not applicable to me

1. **What is/was the highest level of education completed by your father?**

( ) Less than high school completion

( ) High school diploma or the equivalent, such as GED

( ) Some college but no degree

( ) Associate degree in college

( ) Bachelor’s degree

( ) Master’s degree, doctoral degree, or professional degree (e.g., M.D., J.D.)

( ) Don't know

( ) Not applicable to me

**Contact information where to send your $40 electronic gift card and for follow-up survey**

Thank you for taking the time to participate in this survey.

Just to make sure we are able to contact you for the follow-survey, please provide your contact information.We will protect all the information from your survey. Your information will be stored in a safe and secure manner and only be used for research and/or statistical purposes. It will only be shared with Public Health AmeriCorps staff and external parties who require the PII to complete their work. You will only be contacted for the purpose of this study. Your participation is voluntary, you can end your participation at any time.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**58. How would you prefer we contact you in the future?** *Select all that apply.*

( ) Phone

( ) Email

**59. Is there an alternate phone number or email address where you can be reached?**

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_