

**THE UNIVERSITY OF TEXAS AT SAN ANTONIO**  
**PROSPECTIVE AFFILIATION AGREEMENT**

**Agency / Facility Information Sheet**

*This information collected on this sheet will be used to complete a formal agreement with your institution.*

Today's Date: 2/21/19

Agency Name: iSofloat

Address: 5138 UTSA Blvd, Suite 117 San Antonio, TX 78249

Phone Number: (210) 437-3314 Email address: Sloane@isofloat.com

1. Please briefly describe the scope of your facility/agency's work. Printed brochures or fact sheets explaining your organizational goals may be attached.  
**Sports recovery, anxiety relief, nutritional consoling, massage therapy, pain recovery**
2. Indicate the most appropriate person(s) to contact within your facility/agency regarding internship possibilities.

Name: Sloane Wendell Title/Responsibility: Owner Phone # (210) 437-3314

Office Address: 5138 UTSA Blvd Suite 117, San Antonio, TX 78249

Email: Sloane@isofloat.com

Type of Company (LLC, Non-for Profit, etc.): LLC

3. Briefly describe the internship experiences available with your facility/agency.  
**Public Outreach regarding sensory deprivation, benefits, massage therapy, nutritional consulting, public relations, social media**

4. Are there any restrictions to an internship that the student or university should be aware of? Will this be a paid position?  
**No restrictions, Paid and unpaid per federal guidelines we have both available**

5. Is your organization a HIPPA covered agency? YES \_\_\_\_\_ **NO X**

6. Do you require background checks for the interns? Yes \_\_\_\_\_ **NO X**

7. Are you available for Fall 20 hrs/wk Yes, Spring 20 hrs/wk Yes, and Summer 30 hrs/wk Yes ?