

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: 7 / 8 / 19

Agency Name: **Super Heroes Fitness and Nutrition LLC**

Address: **10813 Nacogdoches Rd, San Antonio, TX 78217**

Phone Number: **210-608-5918**

Email address: hecbaninja67@outlook.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.

Gym and nutrition club

2. Indicate the most appropriate person(s) to contact within your facility/agency regarding internship possibilities.

Name **Jason Wright** Title/Responsibility: **Owner**

Phone # **210-608-5918** Office Address: **10813 Nacogdoches Rd**

Email: herbaninja67@outlook.com Type of Company (LLC, Non-for Profit, etc.): **LLC**

3. Briefly describe the internship experiences available with your facility/agency.
Operating nutrition bar, making healthy drinks, promoting and invites, cleaning and organizing facility.

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. Non-paid

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** ?