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: __6__/__10__/__19

Agency Name: UTSA-Office of environmental Health, Safety, and Risk Management

Address: One UTSA Circle, SA, TX 78249

Phone Number: (210) 458-6225  Email address: Shannon.marquess@utsa.edu

1. Please briefly describe the scope of your facility/agency’s work. Printed brochures or fact sheets explaining your organizational goals may be attached.
   - Faculty/Staff Wellness Program
   - Ergonomics in the Workplace
   - Occupational Health

2. Indicate the most appropriate person(s) to contact within your facility/agency regarding internship possibilities.
   - Name: Shannon Marquess
   - Title/Responsibility: Occupation Health and Wellness Manager
   - Phone #: (210) 458-6225
   - Office Address: One UTSA Circle, SA, TX 78249
   - Email: Shannon.marquess@utsa.edu

3. Briefly describe the internship experiences available with your facility/agency.
   - Students will assist with job hazard analysis design and implementation for occupational health
   - Assisting with programming and tasks for the “Rowdy New U” Wellness Program for UTSA faculty and staff
   - Students would provide ergonomic evaluations and recommendations to all UTSA employees using my standard forms

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 at this time. Non-paid internship

5. Is your organization a HIPPA covered agency? NO

6. Do you require background checks for the interns? Yes

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