

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  / 15 / 19 

Agency Name: Warrior Fitness Foundation

Address: 3309 Talley Rd.

Phone Number: 760-450-8366

Email address: [Warriorfitnesstrainingcenter@gmail.com](mailto:Warriorfitnesstrainingcenter@gmail.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.  
**Mission is to promote "post traumatic growth" amongst veterans, first responders, and their families, using fitness and recreations. What can we do to help these individuals overcome their trauma? By fitness/ recreation.**
2. Indicate the most appropriate person(s) to contact within your facility/agency regarding internship possibilities.

Name: Felipe "The" Tremillo Title/Responsibility: Founder  
Phone # 760-450-8366 Office Address: 3309 Talley Rd., San Antonio, TX 78245  
Email: Tremillofjs@gmail.com Type of Company (LLC, Non-for Profit, etc.): Non-for Profit

3. Briefly describe the internship experiences available with your facility/agency.  
**Interns have the opportunity to assist in the training of combat injured veterans, individuals with special needs.**
4. Are there any restrictions to an internship that the student or university should be aware of? Will this be a paid position?  
**No. No.**
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  ?