

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: 07/19/18

Agency Name: Prevent Blindness Texas

Address: 1600 N.E. Loop 410, Suite 125 San Antonio, TX 78209

Phone Number: 210-236-7290

Email address: aaranda@preventblindnesstexas.org

1. Please briefly describe the scope of your facility/agency's work. Printed brochures or fact sheets explaining your organizational goals may be attached.
The mission of Prevent Blindness Texas is to prevent blindness and preserve sight. For over fifty years, Prevent Blindness Texas has been responsible for saving the sight and enhancing the visual quality of life for thousands of men, women and children throughout Texas. With proceeds from our annual fundraising event (Mardi Gras Ball), we're able to continue providing our enhanced services (eye health and safety curriculums, education and outreach, free vision screenings and clinical referrals for eye exams and/or glasses), and can assist those in need by providing free vision care.
2. Indicate the most appropriate person(s) to contact within your facility/agency regarding internship possibilities.

Name: Alicia Aranda

Title/Responsibility: Associate State Program Director

Phone #: 210-236-7360

Office Address: 1600 N.E. Loop 410, Suite 125 San Antonio, TX 78209

Email: aaranda@preventblindnesstexas.org

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

3. Briefly describe the internship experiences available with your facility/agency.
40% - Program-related tasks (Vision screenings for children/adults, curriculum, etc.)
40% - Special Events (Mardi Gras Ball, or other Fundraising events)
20% - Miscellaneous (Administrative support &/or special project)
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/ Students will become certified adult and child vision screeners
Not Paid
5. Is your organization a HIPPA covered agency? YES___X___ NO _____
6. Are you available for Fall 20 hrs/wk___YES___, Spring 20 hrs/wk___YES___, and Summer 30 hrs/wk___YES___?