



Alex Kenney #16001

Last edited by on Oct 21, 2024 at 9:54 AM



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4.2/5  
Generosity Indicator

All Time Annual Fiscal

\$1,056.02 Donations  
0.00 Volunteer Hours  
\$3,810.00 Event Registrations

15 Event Attendance  
\$0.00 Memberships  
\$0.00 Soft Credits

\$0.00 Store Purchases

All Time Generosity Total \$4,866.02



Configure Edit

NAME	
First	Alex
Middle	—
Last	Kenney
Preferred	Alex
Prefix	—
Suffix	—
Salutation	—

MEMBERSHIP	
Account Current	—
Membership Status	—
Membership Term	—
Membership Level	—
Membership Directory	—
Directory Opt-In Status	Automatically Opted In

ACCOUNT DETAILS	
Type	Athlete
Source	—
Household	—
Employment	—
Gender	—
Birthday	—
Login	wchristo Last logged in: Nov 5 at 1:01 PM
Login Confirmed	—

CONTACT	
Phone	(303) 810-1870
Home	—
Work	—
Fax	—
SMS/MMS Number	—

Email	wchristo@ch2m.com
Mobile	—
Other	—

Address	
Address	10011 Riverside Rd Albuquerque, NM 87114 United States of America
County	—

GENERAL INFORMATION	
SNOW BALL ASSIGNED SOLICITOR	—
2022 SNOW BALL SPECIAL NOTES:	—
2020 SNOW BALL SPECIAL NOTES:	—
Logo Pathway:	—
Preferred Contact Method	—
Preferred Contact Reason	—

DATA PRIVACY & CONSENT	
SMS/MMS	Not Asked

ATHLETE	
Parent/Guardian Name(s) (If under 18)	—
Are you registering with ASPNM as a	—

Texting ok at Phone 1?	Yes	Athlete contact person relationship to Athlete	Wendy Christofferson
Emergency Contact Name	Eric Kenney	Start year with ASPNM	—
Emergency Contact Phone Number	303-858-8859	Seasons with ASP	1
Interested in summer program	—	Annual Household Income	45,000-89,999
Interested in winter program	Yes	Ethnicity	Not Hispanic or Latino
Ski Area	Ski Santa Fe	Race	White
Staff Only: waiver due date	—	Military Service	—
		DD-214 #	—
		Are you considered a Wounded Warrior?	—

VOLUNTEER			
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	—	Which Military Branch did you serve in (select all the apply)	—
Why would you like to be a part of the ASPNM?	—	Height	4'-6"
ASP offers a wide variety of ways to get involved, including sports instructors, committee participation, and more! For which ASP events would you be interested in volunteering?	—	Weight	85
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	—
Have you ever taught Skiing and/or Snow Boarding?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Autism
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	—
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	Non-verbal
Summer Sports certifications, skills, and years experience?	—	Current activities	hiking, swimming, basketball
Summer Sports equipment owned?	—	Medications	natural supplements
Other sport skills/experience?	—	Seizures	No
Non-sport Volunteer?	—	If yes, date of last seizure	—
What skills do you have that you would consider contributing	—	Food or medication allergies	Gluten, Dairy, Soy, Egg
		Need to limit activities?	—
		Primary Care Physician name	Dr. Jocame
		Primary Care Physician phone	(505) 462-6000
		Health Insurance	Yes
		Ability to sense cold	yes
		Comprehension	Yes