



Beth Yates #25835

Last edited by Alex Grunstein on Nov 5 at 1:10 PM



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3.8/5
Generosity Indicator

All Time Annual Fiscal

\$0.00 Donations	0.00 Volunteer Hours	\$330.00 Event Registrations
1 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		

All Time Generosity Total \$330.00



Configure Edit

NAME	
First	Beth
Middle	—
Last	Yates
Preferred	Beth
Prefix	—
Suffix	—
Salutation	—

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

ACCOUNT DETAILS	
Type	—
Source	Online/Internet
Household	—
Employment	—
Gender	Female
Birthday	Jun 1, 1971
Login	BethYates Last logged in: Oct 28 at 5:38 PM
Login Confirmed	—

CONTACT	
Phone	(307) 214-6101
Home	—
Work	—
Fax	—
SMS/MMS Number	(307) 214-6101
Email	speckyates@gmail.com

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

Address	4870 Agua Fria Street Santa Fe, NM 87507
County	—
Online	—

DATA PRIVACY & CONSENT	
SMS/MMS	Given

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

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	Tracey Kikut	Start year with ASPNM	2025
Emergency Contact Phone Number	307-214-6101	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	Less than 30,000
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	N/A
		Are you considered a Wounded Warrior?	—
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	Not a Veteran
VOLUNTEER		Height	5'0"
Volunteer Interests	—	Weight	145
How did you hear about ASPNM?	Mother of a rider at Challenge New Mexico	Type of Disability	Developmental Disability Other
Why would you like to be a part of the ASPNM?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Median Cleft Syndrome
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?	—	What type of skiing/riding do you think you will be doing	Sit Down Skiing - Bi-Ski
Have you ever taught Adaptive Sports of any kind?	—	What functions are affected?	Mental ability
Have you ever taught Skiing and/or Snow Boarding?	—	Current activities	Horseback riding, bowling, walking/hiking walking
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Medications	None
PSIA or AASI certification (or other professional Snowsport certification)	—	Seizures	No
Summer Sports certifications, skills, and years experience?	—	If yes, date of last seizure	—
Summer Sports equipment owned?	—	Food or medication allergies	N/A
Other sport skills/experience?	—	Need to limit activities?	No
Non-sport Volunteer?	—	Primary Care Physician name	—
What skills do you have that you would consider contributing	—	Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Yes