



Bodhi Candelaria #23815
Last edited by on Jan 26 at 9:06 AM



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All Time	Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$150.00 Event Registrations
1 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
All Time Generosity Total \$150.00		

Configure Edit

NAME	
First	Bodhi
Middle	—
Last	Candelaria
Preferred	Bodhi
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	Online/Internet
Household	—
Employment	—
Gender	Male
Birthday	Apr 30, 2018
Login	Bodhi18 Last logged in: Jan 26 at 9:06 AM
Login Confirmed	—

CONTACT	
Phone	(505) 315-7792
	—
	—
	—
	Fax
	+1 (505) 315-7792 ... SMS/MMS Number
Email	bfpcandelaria@gmail.com ...
	—
	—
Address	Copy Map 1023 San Clemente Ave NW Albuquerque, NM 87107
	—
	County
Online	—

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	Given

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

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	Jason Candelaria	Start year with ASPNM	2025
Emergency Contact Phone Number	323-363-3497	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	90,000 or more
Interested in winter program	—	Ethnicity	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	—

VOLUNTEER			
Volunteer Interests	—	Which Military Branch did you serve in (select all the apply)	Not a Veteran
How did you hear about ASPNM?	Social Media	Height	47.5 inches
Why would you like to be a part of the ASPNM?	—	Weight	90
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?	—	Type of Disability	Down Syndrome Developmental Disability Hearing impairment - partial
Have you ever taught Adaptive Sports of any kind?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Down Syndrome, Hard of Hearing, intellec disability, low muscle tone, fatigues easily
Have you ever taught Skiing and/or Snow Boarding?	—	What type of skiing/riding do you think you will be doing	Do not know
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What functions are affected?	coordination, moderate hearing loss - will times use ASL to communicate, poor end
PSIA or AASI certification (or other professional Snowsport certification)	—	Current activities	walking, swimming
Summer Sports certifications, skills, and years experience?	—	Medications	Levothyroxine
Summer Sports equipment owned?	—	Seizures	No
Other sport skills/experience?	—	If yes, date of last seizure	—
Non-sport Volunteer?	—	Food or medication allergies	N/A
What skills do you have that you would consider contributing	—	Need to limit activities?	As needed
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Yes