



Catherine Calder #24357

Last edited by Binh Wakeford on Dec 21 at 11:46 AM



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4.4/5  
Generosity Indicator

All Time Annual Fiscal

\$41.72 Donations  
0.00 Volunteer Hours  
\$1,250.00 Event Registrations

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

\$0.00 Store Purchases

All Time Generosity Total \$1,291.72

NAME	
First	Catherine
Middle	—
Last	Calder
Preferred	Catherine
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	Female
Birthday	Feb 14, 1985
Login	cstewartc85@gmail.com Last logged in: Dec 16 at 4:23 PM
Login Confirmed	—

CONTACT	
Phone	(505) 934-5816
	—
	—
	—
	Fax
	(505) 934-5816
	SMS/MMS Number
Email	cstewartc85@gmail.com
	—
	—
Address	1818 Ross Pl SE Albuquerque, NM 87108
	—
	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?	Yes	Athlete contact person relationship to Athlete	self
Emergency Contact Name	Christopher Calder	Start year with ASPNM	2022
Emergency Contact Phone Number	5059331200	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	45,000-89,999
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?	No
		Date of Injury	—

VOLUNTEER			
Volunteer Interests	Skiing	Which Military Branch did you serve in (select all the apply)	Not a Veteran
How did you hear about ASPNM?	father	Height	5'1
Why would you like to be a part of the ASPNM?	—	Weight	120
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	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.	Removal of cerebellar brain tumor at age 4
Have you ever taught Skiing and/or Snow Boarding?	L	What type of skiing/riding do you think you will be doing	Stand Up Skiing
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What functions are affected?	balance, coordination
PSIA or AASI certification (or other professional Snowsport certification)	No	Current activities	boxing, HITT
Summer Sports certifications, skills, and years experience?	—	Medications	Provigil, Vyvanse, Zofran, Lamictal, Cymbalta, trazodone, spironolactone, amlodipine
Summer Sports equipment owned?	—	Seizures	No
Other sport skills/experience?	—	If yes, date of last seizure	—
Non-sport Volunteer?	—	Food or medication allergies	none
What skills do you have that you would consider contributing	—	Need to limit activities?	no
		Primary Care Physician name	not sure
		Primary Care Physician phone	5059945300
		Health Insurance	Yes
		Ability to sense cold	yes
		Comprehension	no deficit