



Christian Porter #23270

Last edited by Camille Romero on Jun 18, 2025 at 10:51 AM



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All Time	Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$1,470.00 Event Registrations
4 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
All Time Generosity Total \$1,470.00		

Configure Edit

NAME	
First	Christian
Middle	—
Last	Porter
Preferred	Christian
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	Aug 19, 1992
Login	Christian Last logged in: Oct 27, 2025 at 10:51 AM
Login Confirmed	—

CONTACT	
Phone	(505) 699-2315
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	porterhh2@gmail.com
Address	3 Frasco Way Santa Fe, NM 87508
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	Not Asked

ATHLETE	
Parent/Guardian Name(s) (If under 18)	Christian Porter
Are you registering with ASPNM as a	—
Athlete contact person relationship to Athlete	Self

Texting ok at Phone 1?	Yes	Start year with ASPNM	2004
Emergency Contact Name	Christian Porter	Seasons with ASP	—
Emergency Contact Phone Number	5056603948	Annual Household Income	Less than 30,000
Interested in summer program	—	Ethnicity	Hispanic or Latino
Interested in winter program	—	Race	White
Ski Area	—	Military Service	None
Staff Only: waiver due date	—	DD-214 #	not a veteran
VOLUNTEER		Are you considered a Wounded Warrior?	No
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	rumor	Which Military Branch did you serve in (select all the apply)	Not a Veteran
Why would you like to be a part of the ASPNM?	—	Height	71"
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	190
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	Autism
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	Stand Up Skiing
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	Behavioral Health
Summer Sports certifications, skills, and years experience?	—	Current activities	working out
Summer Sports equipment owned?	—	Medications	Sertraline, Zyprexa
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	none
		Need to limit activities?	no
		Primary Care Physician name	Dr. Maryam Meratee, MD
		Primary Care Physician phone	5056603948
		Health Insurance	Yes
		Ability to sense cold	normal
		Comprehension	normal
		Hearing/Vision	normal
		Verbal communication	normal