



Chung Ostrander #24713

Last edited by Binh Wakeford on Dec 16 at 4:16 PM



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Recency

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5/5
Monetary Value

All Time	Annual	Fiscal
\$839.99 Donations	0.00 Volunteer Hours	\$300.00 Event Registrations
8 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
All Time Generosity Total \$1,139.99		

Configure Edit

NAME	
First	Chung
Middle	—
Last	Ostrander
Preferred	Chung
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	Jun 14, 1983
Login	Csome2 Last logged in: Nov 19 at 12:18 PM
Login Confirmed	—

CONTACT	
Phone	(915) 269-7562
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	csome2@gmail.com

ADDRESS	
Address	<div style="display: flex; justify-content: space-between; align-items: center;"> Copy Map </div> 6712 Capitan Ridge EL Paso, TX 79912 United States of America
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)	—
Are you registering with ASPNM as a	—

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	Caregiver
Emergency Contact Name	Yukiko Jackson	Start year with ASPNM	2023
Emergency Contact Phone Number	9157993844	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	—
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	Asian
Staff Only: waiver due date	—	Military Service	Veteran
VOLUNTEER		DD-214 #	7061
Volunteer Interests	—	Are you considered a Wounded Warrior?	Yes
How did you hear about ASPNM?	—	Date of Injury	Mar 1, 2002
Why would you like to be a part of the ASPNM?	—	Which Military Branch did you serve in (select all the apply)	Army
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?	—	Height	63
Have you ever taught Adaptive Sports of any kind?	—	Weight	150
Have you ever taught Skiing and/or Snow Boarding?	—	Type of Disability	Multiple Sclerosis P.T.S.D. Spinal cord injury Traumatic brain injury
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	MS with wheelchair
PSIA or AASI certification (or other professional Snowsport certification)	—	What type of skiing/riding do you think you will be doing	—
Summer Sports certifications, skills, and years experience?	—	What functions are affected?	Weakness of body
Summer Sports equipment owned?	—	Current activities	N/a
Other sport skills/experience?	—	Medications	Duloxetine, NF-Locosamide, magnesium, fenofibrate, Gabapentin, Baclofen.
Non-sport Volunteer?	—	Seizures	Yes
What skills do you have that you would consider contributing	—	If yes, date of last seizure	Apr 18, 2023
		Food or medication allergies	No
		Need to limit activities?	N/a
		Primary Care Physician name	VA KOPCZYK
		Primary Care Physician phone	9155646100
		Health Insurance	—