



**CodyJames Salazar-Breneiser** #26126

Last edited by CodyJames Salazar-Breneiser on Jan 16 at 5:58 PM



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**3.5/5**  
Generosity Indicator

4/5  
Affinity

5/5  
Recency

3/5  
Frequency

1/5  
Monetary Value

All Time	Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$0.00 Event Registrations
0 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
<b>All Time Generosity Total \$0.00</b>		

Configure Edit

NAME	
First	CodyJames
Middle	—
Last	Salazar-Breneiser
Preferred	CodyJames
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	Male
Birthday	Apr 23, 2005
Login	codyjamesb
Login Confirmed	—

CONTACT	
Phone	(505) 907-1302
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	codyjamesb@student.aslacademy.com
Address	305 N. Zamora Rd Tijeras, NM 87059
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	Declined

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

Texting ok at Phone 1?	—	Start year with ASPNM	2026
Emergency Contact Name	Tim Breneiser	Seasons with ASP	—
Emergency Contact Phone Number	5059071302	Annual Household Income	45,000-89,999
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 #	N/A
<b>VOLUNTEER</b>		Are you considered a Wounded Warrior?	—
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	School	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	5'5"
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	135
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	Hearing impairment - total
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.	CodyJames is Deaf and has severe languag delay.
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?	Hearing and processing language
Summer Sports certifications, skills, and years experience?	—	Current activities	Working outside
Summer Sports equipment owned?	—	Medications	None
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	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Normal
		Comprehension	—
		Hearing/Vision	Deaf
		Verbal communication	—