



David Phillip #24052

Last edited by Binh Wakeford on Dec 16, 2025 at 12:26 PM



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4.7/5
Generosity Indicator

4/5 Affinity 5/5 Recency 5/5 Frequency 5/5 Monetary Value

All Time Annual Fiscal

\$0.00 Donations 0.00 Volunteer Hours \$392.50 Event Registrations

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

\$0.00 Store Purchases

All Time Generosity Total \$392.50

Configure Edit

NAME	
First	David
Middle	—
Last	Phillip
Preferred	David
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	Jul 28, 2001
Login	DPhillip Last logged in: Jan 16 at 12:34 PM
Login Confirmed	—

CONTACT	
Phone	(650) 450-2306
Home	—
Work	—
Fax	—
SMS/MMS Number	—

Email	damfillip@yahoo.com
	—
	—

Address	
	42 Monte Vista Dr NE Rio Rancho, NM 87124
	—
	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	Athlete
Athlete contact person relationship to Athlete	Aaron & Lourdes Phillip

Texting ok at Phone 1?	—	Start year with ASPNM	2022
Emergency Contact Name	Aaron & Lourdes Fillip	Seasons with ASP	3
Emergency Contact Phone Number	650-450-2306	Annual Household Income	Prefer not to say
Interested in summer program	—	Ethnicity	Prefer not say
Interested in winter program	—	Race	Prefer not to say
Ski Area	—	Military Service	None
Staff Only: waiver due date	—	DD-214 #	None
VOLUNTEER		Are you considered a Wounded Warrior?	No
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	—	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	5'9"
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	185
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, speech apraxia
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	—
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	Difficulty with communication and comprehension in speech
Summer Sports certifications, skills, and years experience?	—	Current activities	Crossfit, Drawing/ sculpting, baking/ cook
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	Amoxicillan allergy
		Need to limit activities?	No
		Primary Care Physician name	Dr Lindsay Leblanc
		Primary Care Physician phone	505-462-6000
		Health Insurance	—
		Ability to sense cold	Yes
		Comprehension	Refer to above
		Hearing/Vision	Yes/ yes
		Verbal communication	Refer to above