



Donovan Gossett #26132

Last edited by Binh Wakeford on Jan 20 at 1:20 PM



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

Configure Edit

NAME	
First	Donovan
Middle	—
Last	Gossett
Preferred	donovan
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	—
Household	—
Employment	—
Gender	Male
Birthday	Mar 31, 2010
Login	DonovanG Last logged in: Jan 20 at 1:23 PM
Login Confirmed	—

CONTACT	
Phone	(505) 453-8236
Home	—
Work	—
Fax	—
SMS/MMS Number	—

Email	sgossett1@me.com
	—
	—

Address	
1154 Grace Street, Northeast Rio Rancho, NM 87144 United States of America	
Sandoval 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)	Sabrina Gossett
Are you registering with ASPNM as a	Athlete

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	mother
Emergency Contact Name	—	Start year with ASPNM	2026
Emergency Contact Phone Number	—	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	—
Interested in winter program	—	Ethnicity	Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	—
		DD-214 #	—
		Are you considered a Wounded Warrior?	—

VOLUNTEER			
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	—	Which Military Branch did you serve in (select all the apply)	—
Why would you like to be a part of the ASPNM?	—	Height	5'8
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	230
		Type of Disability	Attention Deficit Disorder Autism
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	sensory processing issues
Have you ever taught Adaptive Sports of any kind?	—	What type of skiing/riding do you think you will be doing	—
Have you ever taught Skiing and/or Snow Boarding?	—	What functions are affected?	—
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Current activities	—
PSIA or AASI certification (or other professional Snowsport certification)	—	Medications	—
Summer Sports certifications, skills, and years experience?	—	Seizures	No
Summer Sports equipment owned?	—	If yes, date of last seizure	—
Other sport skills/experience?	—	Food or medication allergies	—
Non-sport Volunteer?	—	Need to limit activities?	—
What skills do you have that you would consider contributing	—	Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	—
		Comprehension	—