



**Elizabeth Hughes** #24614

Last edited by Alex Grunstein on Jun 18 at 3:29 PM



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**2.2/5**  
Generosity Indicator

4/5  
Affinity

2/5  
Recency

1/5  
Frequency

1/5  
Monetary Value

All Time	Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$0.00 Event Registrations
3 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	Elizabeth
Middle	—
Last	Hughes
Preferred	Elizabeth
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	—
Birthday	Jun 4, 2017
Login	viniri918 Last logged in: Nov 29, 2024 at 8:55 PM
Login Confirmed	—

CONTACT	
Phone	(662) 769-8653
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	viniri918@hotmail.com
Address	97 Mesa Verde St White Rock, NM 87547
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 contact person relationship to Athlete	Victoria Hughes

Texting ok at Phone 1?	Yes	Start year with ASPNM	2023
Emergency Contact Name	Victoria Hughes	Seasons with ASP	—
Emergency Contact Phone Number	6627698653	Annual Household Income	Prefer not to say
Interested in summer program	—	Ethnicity	Not Hispanic or Latino
Interested in winter program	—	Race	White
Ski Area	—	Military Service	None
Staff Only: waiver due date	—	DD-214 #	—
<b>VOLUNTEER</b>		Are you considered a Wounded Warrior?	No
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	School	Which Military Branch did you serve in (select all the apply)	—
Why would you like to be a part of the ASPNM?	—	Height	3' 10"
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	47 lbs
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 with a speech impairment
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	Do not know
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	Attention, ability to wait
Summer Sports certifications, skills, and years experience?	—	Current activities	jumping, playing, running, walking
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?	Although she senses cold, she may ignore cold until her hands begin to hurt and war continue playing.
		Primary Care Physician name	Patricia McCulloch
		Primary Care Physician phone	5056624234
		Health Insurance	Yes
		Ability to sense cold	Yes
		Comprehension	Comprehends well
		Hearing/Vision	unaffected