



Jacob Lee #25846
Last edited by Binh Wakeford on Dec 16 at 4:14 PM

Messages Notes

3.2/5

Generosity Indicator

All Time Annual Fiscal

<p>\$0.00</p> <p>Donations</p>	<p>0.00</p> <p>Volunteer Hours</p>	<p>\$0.00</p> <p>Event Registrations</p>
<p>0</p> <p>Event Attendance</p>	<p>\$0.00</p> <p>Memberships</p>	<p>\$0.00</p> <p>Soft Credits</p>
<p>\$0.00</p> <p>Store Purchases</p>		

All Time Generosity Total \$0.00

< Back

Find account section

About

Timeline

Household Contacts

Employment History

Relationships

Addresses 1

Data Privacy & Consent 5

Donations

Event Registrations 1

Memberships

Peer-to-Peer Fundraising

Store Orders

Notes

Activities

Grants

Prospects

Solicited Gifts

Invitations

Letters & Materials

Sent Emails 2

Text Messages 1

Mailchimp

Constant Contact

Eventbrite

Soft Credits

Volunteer

Volunteer Waivers

Survey Responses

Workflows

Receipts

NAME	
First	Jacob
Middle	—
Last	Lee
Preferred	Jacob
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	Jan 25, 1986
Login	jlee556
Login Confirmed	—

CONTACT	
Phone	(520) 921-9130
	—
	—
	Fax
	(520) 921-9130
	SMS/MMS Number
Email	jf.lee010@gmail.com
	—
	—

GENERAL INFORMATION	
SNOW BALL ASSIGNED SOLICITOR	—
2022 SNOW BALL SPECIAL NOTES:	—
2020 SNOW BALL SPECIAL NOTES:	—
Logo Pathway:	—
Preferred Contact Method	—
Preferred Contact Reason	—

ADDRESS	
Address	6101 Imperata ST NE 2312 Albuquerque, NM 87111
	—
	County
Online	—

DATA PRIVACY & CONSENT	
SMS/MMS	Given

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	—
Emergency Contact Name	Kathleen Lee	Start year with ASPNM	2025
Emergency Contact Phone Number	9282415985	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	Less than 30,000
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	American Indian or Alaska Native
Staff Only: waiver due date	—	Military Service	Veteran
		DD-214 #	2480
		Are you considered a Wounded Warrior?	—
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	Air Force
		Height	68"
		Weight	240
		Type of Disability	P.T.S.D. Other
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	PTSD, overwhelming moments of sadness and anxiety. Asthma, shortness of breathe albuterol aids in breathing.
		What type of skiing/riding do you think you will be doing	Stand Up Snowboarding
		What functions are affected?	Emotions, lungs and breathing
		Current activities	Running, weight training, loading and unloading trucks
		Medications	N/A
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	no
		Need to limit activities?	not really
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Yes

VOLUNTEER			
Volunteer Interests	—		
How did you hear about ASPNM?	VA		
Why would you like to be a part of the ASPNM?	—		
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?	—		
Have you ever taught Adaptive Sports of any kind?	—		
Have you ever taught Skiing and/or Snow Boarding?	—		
Taught Adaptive Ski/Snowboard prior to ASPNM?	—		
PSIA or AASI certification (or other professional Snowsport certification)	—		
Summer Sports certifications, skills, and years experience?	—		
Summer Sports equipment owned?	—		
Other sport skills/experience?	—		
Non-sport Volunteer?	—		
What skills do you have that you would consider contributing	—		