



Jenna De La Rosa #14433
Last edited by on Oct 27 at 9:46 AM



Messages

Notes

< Back

Find account section



About

Timeline

Household Contacts

Employment History

Relationships

Addresses 1

Data Privacy & Consent

Donations

Event Registrations 1

Memberships

Peer-to-Peer Fundraising

Store Orders

Notes

Activities

Grants

Prospects

Solicited Gifts

Invitations

Letters & Materials

Sent Emails 15

Text Messages

Mailchimp

Constant Contact

Eventbrite

Soft Credits

Volunteer

Volunteer Waivers

Survey Responses

Workflows

Receipts

3.8/5
Generosity Indicator

4/5
Affinity

4/5
Recency

3/5
Frequency

4/5
Monetary Value

All Time	Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$330.00 Event Registrations
1 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
All Time Generosity Total \$330.00		

Configure Edit

NAME	
First	Jenna
Middle	—
Last	De La Rosa
Preferred	Jenna
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	—
Birthday	—
Login	ddelar@sandia.gov Last logged in: Oct 27 at 9:46 AM
Login Confirmed	—

CONTACT	
Phone	(505) 350-0919
	(505) 859-0227
	—
	—
	Fax
	—
	SMS/MMS Number

Email	ddelar@sandia.gov
	—
	—

Address	700 Toy Lane Bosque Farms, NM 87068 United States of America
	—
	County

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	—

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	Diana de la Rosa Galey	Start year with ASPNM	—
Emergency Contact Phone Number	505 350 0919	Seasons with ASP	tried to last year
Interested in summer program	Yes	Annual Household Income	—
Interested in winter program	Yes	Ethnicity	—
Ski Area	Sandia Peak	Race	—
Staff Only: waiver due date	—	Military Service	—
		DD-214 #	—
		Are you considered a Wounded Warrior?	—

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