



Jocelyn West #24572

Last edited by Christine Baker on Jun 13 at 1:09 PM



Messages

Notes

< Back

Find account section

About

Timeline

Household Contacts

Employment History

Relationships

Addresses 1

Data Privacy & Consent

Donations 3

Event Registrations 4

Memberships

Peer-to-Peer Fundraising

Store Orders

Notes

Activities

Grants

Prospects

Solicited Gifts

Invitations

Letters & Materials

Sent Emails 11

Text Messages

Mailchimp

Constant Contact

Eventbrite

Soft Credits

Volunteer

Volunteer Waivers

Survey Responses 1

Workflows

Receipts

4.4/5
Generosity Indicator

All Time Annual Fiscal

\$202.01 Donations
0.00 Volunteer Hours
\$1,050.00 Event Registrations

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

\$0.00 Store Purchases

All Time Generosity Total \$1,252.01



Configure Edit

NAME	
First	Jocelyn
Middle	—
Last	West
Preferred	Jocelyn
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	Female
Birthday	Mar 17, 2011
Login	Fluffhead Last logged in: Oct 27 at 10:04 AM
Login Confirmed	—

CONTACT	
Phone	(505) 715-9674
Home	—
Work	—
Fax	—
SMS/MMS Number	—

Email	chriskatw@gmail.com
—	—
—	—

Address	
Copy	Map
Location	Po Box 67402 Albuquerque, NM 87193
—	—
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	Katina S West

Texting ok at Phone 1?	Yes	Start year with ASPNM	—
Emergency Contact Name	Chris	Seasons with ASP	—
Emergency Contact Phone Number	5059750713	Annual Household Income	45,000-89,999
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 #	—
VOLUNTEER		Are you considered a Wounded Warrior?	No
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	Other members	Which Military Branch did you serve in (select all the apply)	—
Why would you like to be a part of the ASPNM?	—	Height	4 ft 9 in
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	90 lb
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	Hearing impairment - partial
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.	Prader willi syndrome Calve perches disease
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	Stand Up Snowboarding
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	Low muscle tone and weakness LLE
Summer Sports certifications, skills, and years experience?	—	Current activities	Swimming Bike riding Walk/run Poly hockey
Summer Sports equipment owned?	—	Medications	Genotropin Miralax erythromycin Flonase Singular Lispro Multiple vit Zyrtec
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	Phenol (med preservative)
		Need to limit activities?	No
		Primary Care Physician name	DR.David Allison at After Hours Peds
		Primary Care Physician phone	505-298-2505