



**John Rivera** #25830

Last edited by John Rivera on Oct 27 at 11:14 PM



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Generosity Indicator

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Recency

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1/5  
Monetary Value

All Time	Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$0.00 Event Registrations
0 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	John
Middle	—
Last	Rivera
Preferred	John
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	Female
Birthday	Jun 26, 2002
Login	Dingodownhill
Login Confirmed	—

CONTACT	
Phone	(505) 280-9114
	—
	—
	—
	Fax
	(505) 280-9114
	SMS/MMS Number
Email	was.mil@outlook.com
	—
	—
Address	1090 15th St Se Rio Rancho, NM 87124
	—
	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	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	Sarah Rivera	Start year with ASPNM	2025
Emergency Contact Phone Number	5055504244	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	Prefer not to say
Interested in winter program	—	Ethnicity	Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	Veteran
		DD-214 #	6126
		Are you considered a Wounded Warrior?	—
		Date of Injury	—

VOLUNTEER			
Volunteer Interests	—	Which Military Branch did you serve in (select all the apply)	Army
How did you hear about ASPNM?	Rec center	Height	5'6"
Why would you like to be a part of the ASPNM?	—	Weight	175
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	Hearing impairment - partial P.T.S.D. Other
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.	Left knee replaced
Have you ever taught Skiing and/or Snow Boarding?	—	What type of skiing/riding do you think you will be doing	Do not know
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What functions are affected?	Strength, stability.
PSIA or AASI certification (or other professional Snowsport certification)	—	Current activities	Walking, fly fishing
Summer Sports certifications, skills, and years experience?	—	Medications	Lactobasillus acidophilus, metforman, methocarbamol, omeprazole, leveroxyroxil avorstatin calcium, gabapentin, sertraline, certirizine, Tylenol, finasteride, vitamin D3.
Summer Sports equipment owned?	—	Seizures	No
Other sport skills/experience?	—	If yes, date of last seizure	—
Non-sport Volunteer?	—	Food or medication allergies	Tumbleweed, No Diclofenac or any other r with ibuprofen,
What skills do you have that you would consider contributing	—	Need to limit activities?	Not sure. I know I have to use a cain if I w around the mall too much.
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—