



Jose Alejandro Cruz-Guerrero #26146
Last edited by Binh Wakeford on Feb 12 at 9:51 AM



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\$0.00
Donations

1
Event Attendance

\$0.00
Store Purchases

0.00
Volunteer Hours

\$0.00
Memberships

\$0.00
Event Registrations

\$0.00
Soft Credits

All Time Generosity Total \$0.00

NAME	
First	Jose
Middle	Alejandro
Last	Cruz-Guerrero
Preferred	Jose
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	Male
Birthday	Jul 15, 2016
Login	JoseACG
Login Confirmed	—

CONTACT	
Phone	(505) 409-6026
	(505) 441-9400
	—
	—
	Fax
	—
	SMS/MMS Number

Email: nerydaguerrero152@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	10014 4th St NW Trailer #9 albuquerque, NM 87114-2261 United States of America
County	—
Online	—

DATA PRIVACY & CONSENT	
SMS/MMS	Given

ATHLETE	
Parent/Guardian Name(s) (If under 18)	Neryda Guerrero
Are you registering with ASPNM as a	Athlete

Texting ok at Phone 1?	Yes	Athlete contact person relationship to Athlete	Mother
Emergency Contact Name	Jose Cruz	Start year with ASPNM	2026
Emergency Contact Phone Number	505-441-9400	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	—
Interested in winter program	—	Ethnicity	Hispanic or Latino
Ski Area	—	Race	—
Staff Only: waiver due date	—	Military Service	None
		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	4'9"
Why would you like to be a part of the ASPNM?	—	Weight	118
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	Attention Deficit Disorder Autism
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Non-verbal
Have you ever taught Adaptive Sports of any kind?	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
Have you ever taught Skiing and/or Snow Boarding?	—	What functions are affected?	—
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Current activities	—
PSIA or AASI certification (or other professional Snowsport certification)	—	Medications	—
Summer Sports certifications, skills, and years experience?	—	Seizures	No
Summer Sports equipment owned?	—	If yes, date of last seizure	—
Other sport skills/experience?	—	Food or medication allergies	—
Non-sport Volunteer?	—	Need to limit activities?	—
What skills do you have that you would consider contributing	—	Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	—
		Comprehension	—