



Joseph Zarnowski #24533
Last edited by on Oct 27 at 9:57 AM



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All Time			Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$10.00 Event Registrations		
7 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits		
\$0.00 Store Purchases				
All Time Generosity Total \$10.00				

Configure

Edit

NAME	
First	Joseph
Middle	—
Last	Zarnowski
Preferred	Joseph
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	Male
Birthday	Oct 24, 1981
Login	jtzarno81 Last logged in: Oct 27 at 9:57 AM
Login Confirmed	—

CONTACT	
Phone	(505) 470-5276
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	desertmoto99@gmail.com
Address	1209 Coriander Rd C Santa Fe, NM 87507
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	Declined

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

Texting ok at Phone 1?	Yes	Athlete contact person relationship to Athlete	Former Spouse
Emergency Contact Name	Erin McCormick	Start year with ASPNM	2023
Emergency Contact Phone Number	7344742044	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	45,000-89,999
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	Veteran
VOLUNTEER		DD-214 #	376049359
Volunteer Interests	—	Are you considered a Wounded Warrior?	Yes
How did you hear about ASPNM?	The VA	Date of Injury	—
Why would you like to be a part of the ASPNM?	—	Which Military Branch did you serve in (select all the apply)	Army
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?	—	Height	5' 10"
Have you ever taught Adaptive Sports of any kind?	—	Weight	165
Have you ever taught Skiing and/or Snow Boarding?	—	Type of Disability	P.T.S.D.
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	PTSD / and an ACL reconstruction on left
PSIA or AASI certification (or other professional Snowsport certification)	—	What type of skiing/riding do you think you will be doing	Ski Bike
Summer Sports certifications, skills, and years experience?	—	What functions are affected?	motivation and outdoor activities
Summer Sports equipment owned?	—	Current activities	walking, light exercise, biking, hiking, kaya
Other sport skills/experience?	—	Medications	None
Non-sport Volunteer?	—	Seizures	No
What skills do you have that you would consider contributing	—	If yes, date of last seizure	—
		Food or medication allergies	Shellfish
		Need to limit activities?	no
		Primary Care Physician name	The VA
		Primary Care Physician phone	(505) 366-2030
		Health Insurance	Yes
		Ability to sense cold	Great
		Comprehension	Great