



Kennedy Callahan #24840
Last edited by on Oct 27 at 10:23 AM



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Monetary Value

All Time	Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$930.00 Event Registrations
3 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
All Time Generosity Total \$930.00		

Configure Edit

NAME	
First	Kennedy
Middle	—
Last	Callahan
Preferred	Kennedy
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	Jul 18, 2013
Login	tayloranncallahan Last logged in: Oct 27 at 10:23 AM
Login Confirmed	—

CONTACT	
Phone	(970) 319-3539
	—
	—
	—
	Fax
	(970) 319-3539 ... SMS/MMS Number
Email	tayloranncallahan@gmail.com ...
	—
	—
Address	Copy Map 7 Delante Ct Edgewood, NM 87015
	—
	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	Athlete

Texting ok at Phone 1?	Yes	Athlete contact person relationship to Athlete	Taylor Callahan
Emergency Contact Name	Taylor Callahan	Start year with ASPNM	2023
Emergency Contact Phone Number	9703193539	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	90,000 or more
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	—
		Are you considered a Wounded Warrior?	No
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	—
		Height	58 in
		Weight	78lbs
		Type of Disability	Spina Bifida
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Spina Bifida L4/3-S1/2, Hydrocephalus VF Neurogenic Bowel and Bladder, Amublato wears AFO's
		What type of skiing/riding do you think you will be doing	Stand Up Skiing
		What functions are affected?	Lower extremety weakness and balance
		Current activities	Running club (AFO's), Theraputic Horseba Riding, Recreational Swimming
		Medications	Adderall
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	Latex Precaution
		Need to limit activities?	Self regulated, takes breaks when fatigues overheats
		Primary Care Physician name	Randall White
		Primary Care Physician phone	318-212-7982
		Health Insurance	Yes
		Ability to sense cold	Yes
		Comprehension	Normal

VOLUNTEER	
Volunteer Interests	—
How did you hear about ASPNM?	Google
Why would you like to be a part of the ASPNM?	—
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?	—
Have you ever taught Adaptive Sports of any kind?	—
Have you ever taught Skiing and/or Snow Boarding?	—
Taught Adaptive Ski/Snowboard prior to ASPNM?	—
PSIA or AASI certification (or other professional Snowsport certification)	—
Summer Sports certifications, skills, and years experience?	—
Summer Sports equipment owned?	—
Other sport skills/experience?	—
Non-sport Volunteer?	—
What skills do you have that you would consider contributing	—