



**Kirk Peterson** #16004

Last edited by Binh Wakeford on Dec 16, 2025 at 12:47 PM



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**4/5**  
Generosity Indicator

4/5 Affinity    4/5 Recency    3/5 Frequency    5/5 Monetary Value

\$34.00 Donations	0.00 Volunteer Hours	\$3,710.00 Event Registrations
16 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$3,650.00 Store Purchases		
<b>All Time Generosity Total \$7,394.00</b>		

Configure Edit

NAME	
First	Kirk
Middle	—
Last	Peterson
Preferred	Kirk
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	Aug 6, 1950
Login	kirkiep Last logged in: Nov 7, 2025 at 2:55 PM
Login Confirmed	—

CONTACT	
Phone	(505) 438-2603
	(505) 670-8978
	—
	—
	Fax
	—
	SMS/MMS Number

Email	Kirkspeterson@gmail.com	...
	Susanandkirk@msn.com	...
	—	

Address	Copy Map
	2937 Calle De Ovejas
	Santa Fe, NM 87505-6714
	United States of America
	—
	County
Online	—

GENERAL INFORMATION	
SNOW BALL ASSIGNED SOLICITOR	—
2022 SNOW BALL SPECIAL NOTES:	—
2020 SNOW BALL SPECIAL NOTES:	—
Logo Pathway:	—
Preferred Contact Method	Unknown
Preferred Contact Reason	All Correspondence

DATA PRIVACY & CONSENT	
SMS/MMS	Not Asked

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	Wife (Susan Peterson)
Emergency Contact Name	Myself	Start year with ASPNM	1996
Emergency Contact Phone Number	505-670-2617	Seasons with ASP	18
Interested in summer program	—	Annual Household Income	45,000-89,999
Interested in winter program	Yes	Ethnicity	Not Hispanic or Latino
Ski Area	Ski Santa Fe	Race	White
Staff Only: waiver due date	—	Military Service	None
<b>VOLUNTEER</b>		DD-214 #	—
Volunteer Interests	—	Are you considered a Wounded Warrior?	No
How did you hear about ASPNM?	—	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)	Not a Veteran
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	6'0"
Have you ever taught Adaptive Sports of any kind?	—	Weight	203 lbs
Have you ever taught Skiing and/or Snow Boarding?	—	Type of Disability	Cerebral Palsy
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.	Born with Cerebral Palsy.
PSIA or AASI certification (or other professional Snowsport certification)	—	What type of skiing/riding do you think you will be doing	—
Summer Sports certifications, skills, and years experience?	—	What functions are affected?	Paralysis on Left side of body.
Summer Sports equipment owned?	—	Current activities	Can perform normal day to day activities
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	None
		Need to limit activities?	No
		Primary Care Physician name	Entrada Contenta Health Center
		Primary Care Physician phone	(505) 913-3233
		Health Insurance	Yes
		Ability to sense cold	Normal
		Comprehension	Normal