



**Peter Wieland** #25799

Last edited by Binh Wakeford on Jan 4 at 3:51 PM



Messages

Notes

< Back

Find account section

About

Timeline

Household Contacts

Employment History

Relationships

Addresses 1

Data Privacy & Consent 10

Donations

Event Registrations 1

Memberships

Peer-to-Peer Fundraising

Store Orders

Notes

Activities

Grants

Prospects

Solicited Gifts

Invitations

Letters & Materials

Sent Emails 3

Text Messages 1

Mailchimp

Constant Contact

Eventbrite

Soft Credits

Volunteer

Volunteer Waivers

Survey Responses

Workflows

Receipts

**3.6/5**  
Generosity Indicator

4/5  
Affinity

4/5  
Recency

3/5  
Frequency

3/5  
Monetary Value

All Time	Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$82.50 Event Registrations
1 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
<b>All Time Generosity Total \$82.50</b>		

Configure Edit

NAME	
First	Peter
Middle	—
Last	Wieland
Preferred	Peter
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	Nov 7, 2014
Login	lenis101@yahoo.com Last logged in: Nov 6, 2025 at 4:34 PM
Login Confirmed	—

CONTACT	
Phone	(323) 547-6338
Home	—
Work	—
Fax	—
SMS/MMS Number	+1 (323) 547-6338
Email	lenis101@yahoo.com
Address	7 La Joya Rd. Glorieta, NM 87535
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)	Rachel Allen
Are you registering with ASPNM as a	Athlete

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	Mother
Emergency Contact Name	—	Start year with ASPNM	—
Emergency Contact Phone Number	—	Seasons with ASP	0
Interested in summer program	—	Annual Household Income	30,000-44,999
Interested in winter program	—	Ethnicity	Prefer not say
Ski Area	—	Race	—
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	—
		Are you considered a Wounded Warrior?	—
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	—
		Height	4'
		Weight	81 lbs
		Type of Disability	Traumatic brain injury
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Brain tumor
		What type of skiing/riding do you think you will be doing	—
		What functions are affected?	executive functions
		Current activities	—
		Medications	deesmopressin, levothyroxin, hydrocotoz
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	aspirin and ibuprofen
		Need to limit activities?	—
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	—
		Comprehension	—

  

<b>VOLUNTEER</b>			
Volunteer Interests	—		
How did you hear about ASPNM?	—		
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	—		