



Richard Borgwardt #21142

Last edited by Jason Cline on Mar 28, 2020 at 2:20 PM



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3.5/5
Generosity Indicator

4/5
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3/5
Frequency

1/5
Monetary Value

\$0.00 Donations	0.00 Volunteer Hours	\$0.00 Event Registrations
2 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		

All Time Generosity Total \$0.00

Configure Edit

NAME	
First	Richard
Middle	—
Last	Borgwardt
Preferred	Richard
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	—
Birthday	Aug 15, 1949
Login	—
Login Confirmed	—

CONTACT	
Phone	(505) 504-2813
Home	—
Work	—
Fax	—
SMS/MMS Number	—

Email	—
	—
	—

Address	
	Copy Map
	1213 Salano Dr SE Albuquerque, NM 87108
	Bernalillo County

GENERAL INFORMATION	
SNOW BALL ASSIGNED SOLICITOR	—
2022 SNOW BALL SPECIAL NOTES:	—
2020 SNOW BALL SPECIAL NOTES:	—
Logo Pathway:	—
Preferred Contact Method	—
Preferred Contact Reason	—
Texting ok at Phone?	—

DATA PRIVACY & CONSENT	
SMS/MMS	Not Asked

ATHLETE	
Parent/Guardian Name(s) (If under 18)	—
Are you registering with ASPNM as a	—
Athlete contact person relationship to Athlete	—

Emergency Contact Name	—	Start year with ASPNM	—
Emergency Contact Phone Number	—	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	—
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	Veteran
VOLUNTEER 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 to ASP? ie: adaptive —		DD-214 #	—
		Are you considered a Wounded Warrior?	—
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	Army
		Height	6'
		Weight	170
		Type of Disability	Hearing impairment - partial
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Double Shoulder Surgery and lower back
		What type of skiing/riding do you think you will be doing	Stand Up Skiing
		What functions are affected?	—
		Current activities	—
		Medications	—
		Seizures	No
		If yes, date of last seizure	—
Food or medication allergies	—		
Need to limit activities?	—		
Primary Care Physician name	—		
Primary Care Physician phone	—		
Health Insurance	—		
Ability to sense cold	Yes		
Comprehension	Good		
Hearing/Vision	Good		
Verbal communication	Good		