



Rosina Carlson #25538

Last edited by Rosina Carlson on Dec 2 at 11:55 AM



Messages

Notes

< Back

Find account section



About

Timeline

Household Contacts

Employment History

Relationships

Addresses 1

Data Privacy & Consent 10

Donations

Event Registrations 2

Memberships

Peer-to-Peer Fundraising

Store Orders

Notes

Activities

Grants

Prospects

Solicited Gifts

Invitations

Letters & Materials

Sent Emails 4

Text Messages

Mailchimp

Constant Contact

Eventbrite

Soft Credits

Volunteer

Volunteer Waivers

Survey Responses

Workflows

Receipts

3.5/5
Generosity Indicator

4/5
Affinity

5/5
Recency

3/5
Frequency

1/5
Monetary Value

All Time	Annual	Fiscal
\$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	Rosina
Middle	—
Last	Carlson
Preferred	Rosina
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	Aug 11, 2006
Login	MartyCarlson Last logged in: Dec 2 at 11:53 AM
Login Confirmed	—

CONTACT	
Phone	(505) 363-8773
Home	—
Work	—
Fax	—
SMS/MMS Number	—

Email	rosina.carlson@gmail.com	...
	—	
	—	

Address	
	Copy Map
	8415 Salinger Way NW Albuquerque, NM 87120
	—
	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	—
Athlete contact person relationship to Athlete	—

Texting ok at Phone 1?	—	Start year with ASPNM	2025
Emergency Contact Name	Martina Carlson	Seasons with ASP	—
Emergency Contact Phone Number	505-363-873	Annual Household Income	Less than 30,000
Interested in summer program	—	Ethnicity	Prefer not say
Interested in winter program	—	Race	White
Ski Area	—	Military Service	None
Staff Only: waiver due date	—	DD-214 #	n/a
VOLUNTEER		Are you considered a Wounded Warrior?	—
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	school-ASLA	Which Military Branch did you serve in (select all the apply)	Not a Veteran
Why would you like to be a part of the ASPNM?	—	Height	4'7"
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?	—	Weight	165
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	Down Syndrome Developmental Disability Hearing impairment - partial
Have you ever taught Skiing and/or Snow Boarding?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Down Syndrome is primary disability
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	Do not know
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	Cognitive processing, confidence, communication
Summer Sports certifications, skills, and years experience?	—	Current activities	dancing
Summer Sports equipment owned?	—	Medications	birth control, zyrtec
Other sport skills/experience?	—	Seizures	No
Non-sport Volunteer?	—	If yes, date of last seizure	—
What skills do you have that you would consider contributing	—	Food or medication allergies	n/a
		Need to limit activities?	no
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	yes
		Comprehension	—