



Salvador Partolan #26130

Last edited by Binh Wakeford on Jan 17 at 2:28 PM



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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

0 Event Attendance \$0.00 Memberships \$0.00 Soft Credits

\$0.00 Store Purchases

All Time Generosity Total \$0.00

Configure Edit

NAME	
First	Salvador
Middle	—
Last	Partolan
Preferred	Salvador
Prefix	—
Suffix	—
Salutation	—

MEMBERSHIP	
Account Current	—
Membership Status	—
Membership Term	—
Membership Level	—
Membership Directory	—
Directory Opt-In Status	Automatically Opted In

ACCOUNT DETAILS	
Type	—
Source	Online/Internet
Household	—
Employment	—
Gender	Female
Birthday	Apr 23, 1956
Login	partolans
Login Confirmed	—

CONTACT	
Phone	(252) 722-1798
Home	—
Work	—
Fax	—
SMS/MMS Number	+1 (252) 722-1798
Email	partolans@yahoo.com

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

Address	123 Deep Water Draw Rd Fence Lake, NM 87315
County	—
Online	—

DATA PRIVACY & CONSENT	
SMS/MMS	Given

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	—
Emergency Contact Name	Kim Partolan	Start year with ASPNM	2026
Emergency Contact Phone Number	252-722-2625	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	Native Hawaiian or Other Pacific Islander
Staff Only: waiver due date	—	Military Service	Veteran
		DD-214 #	8846
		Are you considered a Wounded Warrior?	—
		Date of Injury	—

VOLUNTEER			
Volunteer Interests	—	Which Military Branch did you serve in (select all the apply)	Air Force
How did you hear about ASPNM?	Cat Ivie	Height	5"10"
Why would you like to be a part of the ASPNM?	—	Weight	185
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?	—	Type of Disability	P.T.S.D.
Have you ever taught Adaptive Sports of any kind?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	RT Shoulder, RT Knee, Lower Back, Upper I Sleep Apnea, Tinnitus, Flat Feet, Bunions.
Have you ever taught Skiing and/or Snow Boarding?	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What functions are affected?	Prolonged Standing
PSIA or AASI certification (or other professional Snowsport certification)	—	Current activities	Recumbent Bike and working on property
Summer Sports certifications, skills, and years experience?	—	Medications	Jardince, Meformin, Floneause
Summer Sports equipment owned?	—	Seizures	No
Other sport skills/experience?	—	If yes, date of last seizure	—
Non-sport Volunteer?	—	Food or medication allergies	None
What skills do you have that you would consider contributing	—	Need to limit activities?	occasionally
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	yes
		Comprehension	—