



Satanka Fernandez #23198

Last edited by Camille Romero on Dec 16 at 11:49 AM



Messages

Notes

< Back

Find account section

About

Timeline

Household Contacts

Employment History

Relationships

Addresses 1

Data Privacy & Consent

Donations

Event Registrations 16

Memberships 1

Peer-to-Peer Fundraising

Store Orders

Notes

Activities

Grants

Prospects

Solicited Gifts

Invitations

Letters & Materials

Sent Emails 27

Text Messages

Mailchimp

Constant Contact

Eventbrite

Soft Credits

Volunteer

Volunteer Waivers

Survey Responses

Workflows

Receipts

4.7/5
Generosity Indicator

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

All Time Annual Fiscal

\$0.00 Donations 0.00 Volunteer Hours \$3,180.00 Event Registrations

14 Event Attendance \$300.00 Memberships \$0.00 Soft Credits

\$0.00 Store Purchases

All Time Generosity Total \$3,480.00

Configure Edit

NAME	
First	Satanka
Middle	—
Last	Fernandez
Preferred	Satanka
Prefix	—
Suffix	—
Salutation	—

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

ACCOUNT DETAILS	
Type	Athlete
Source	Online/Internet
Household	—
Employment	—
Gender	—
Birthday	Aug 8, 1987
Login	SFernandez Last logged in: Feb 28, 2021 at 6:25 PM
Login Confirmed	—

CONTACT	
Phone	(505) 473-0034
Home	—
Work	—
Fax	—
SMS/MMS Number	—

Email	hannahfern@hotmail.com
	—
	—

Address	
	4 EAGLE PEAK SANTA FE, NM 87508
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	Not Asked

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

Texting ok at Phone 1?	Yes	Start year with ASPNM	2007
Emergency Contact Name	Yakima Fernandez	Seasons with ASP	—
Emergency Contact Phone Number	5055010675	Annual Household Income	30,000-44,999
Interested in summer program	—	Ethnicity	Not Hispanic or Latino
Interested in winter program	—	Race	American Indian or Alaska Native White
Ski Area	—	Military Service	None
Staff Only: waiver due date	—	DD-214 #	—
VOLUNTEER		Are you considered a Wounded Warrior?	No
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	friends	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	5'3"
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	110
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	Down Syndrome
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.	Slow
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	Everything
Summer Sports certifications, skills, and years experience?	—	Current activities	None
Summer Sports equipment owned?	—	Medications	None
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	none
		Need to limit activities?	No
		Primary Care Physician name	Lenya Reese
		Primary Care Physician phone	5059837276
		Health Insurance	Yes
		Ability to sense cold	Yes
		Comprehension	Moderate, talk loud
		Hearing/Vision	hearing - poor. vision - normal