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Stanley Trujillo #25454

Last edited by on Dec 19 at 3:11 PM

Messages Notes

2.2/5

Generosity Indicator

4/5	2/5	1/5	1/5
Affinity	Recency	Frequency	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	Stanley
Middle	–
Last	Trujillo
Preferred	Stanley
Prefix	–
Suffix	–
Salutation	–

ACCOUNT DETAILS

Type	Athlete
Source	Online/Internet
Household	–
Employment	–
Gender	Male
Birthday	Aug 29, 2011
Login	VictoriaStan Last logged in: Dec 19 at 3:11 PM
Login Confirmed	–

GENERAL INFORMATION

SNOW BALL ASSIGNED SOLICITOR	–
2022 SNOW BALL SPECIAL NOTES:	–
2020 SNOW BALL SPECIAL NOTES:	–
Logo Pathway:	–
Preferred Contact Method	–
Preferred Contact Reason	–

MEMBERSHIP

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

CONTACT

Phone	(505) 913-0363 – – – Fax – SMS/MMS Number
Email	victoriaswork2020@gmail.com – –
Address	Copy Map 17709 D US 285 Santa Fe, NM 87506 – County
Online	–

DATA PRIVACY & CONSENT

SMS/MMS	Declined

ATHLETE

Parent/Guardian Name(s) (If under 18)	Victoria Work
Are you registering with ASPNM as a	–
Athlete contact person relationship to Athlete	Grandma/ Guardian

Texting ok at Phone 1?	Yes
Emergency Contact Name	Anna Lujan
Emergency Contact Phone Number	5057953696
Interested in summer program	—
Interested in winter program	—
Ski Area	—
Staff Only: waiver due date	—

VOLUNTEER

Volunteer Interests	—
How did you hear about ASPNM?	school
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	—

Start year with ASPNM	2023
Seasons with ASP	—
Annual Household Income	45,000-89,999
Ethnicity	Hispanic or Latino
Race	White Prefer not to say
Military Service	None
DD-214 #	na
Are you considered a Wounded Warrior?	No
Date of Injury	—
Which Military Branch did you serve in (select all the apply)	Not a Veteran
Height	5'3
Weight	160
Type of Disability	Amputation Attention Deficit Disorder Developmental Disability
Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Cognitive memory loss
What type of skiing/riding do you think you will be doing	Stand Up Skiing
What functions are affected?	Reasoning, speaking up
Current activities	Rides motorcycle and walking
Medications	Methylphenidate, inhaler Celera, clonidine
Seizures	No
If yes, date of last seizure	—
Food or medication allergies	NA
Need to limit activities?	no
Primary Care Physician name	Laura Caffy
Primary Care Physician phone	5052770111
Health Insurance	Yes
Ability to sense cold	Yes
Comprehension	de,ayed