



Zephyr04 Pino #25443

Last edited by Binh Wakeford on Jan 4 at 3:32 PM



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1/5
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1/5
Monetary Value

\$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	Zephyr04
Middle	—
Last	Pino
Preferred	Zephyr04
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	Male
Birthday	Apr 29, 2011
Login	andreapino Last logged in: Dec 19, 2025 at 2:51 PM
Login Confirmed	—

CONTACT	
Phone	(505) 412-0437
Home	—
Work	—
Fax	—
SMS/MMS Number	+1 (505) 412-0437
Email	screwit979@gmail.com
Address	21-A El Callejoncito Rd Santa Fe, NM 87506
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	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	Gerri TsePe	Start year with ASPNM	2024
Emergency Contact Phone Number	5054552962	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	30,000-44,999
Interested in winter program	—	Ethnicity	Prefer not say
Ski Area	—	Race	American Indian or Alaska Native
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	N/A
		Are you considered a Wounded Warrior?	—
		Date of Injury	—

VOLUNTEER			
Volunteer Interests	—	Which Military Branch did you serve in (select all the apply)	—
How did you hear about ASPNM?	school	Height	6
Why would you like to be a part of the ASPNM?	—	Weight	250
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	Autism
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.	He was diagnosed with Autism that limits to function without support.
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?	Brain functioning is affected.
PSIA or AASI certification (or other professional Snowsport certification)	—	Current activities	Walking, dancing
Summer Sports certifications, skills, and years experience?	—	Medications	None
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?	None
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Yes
		Comprehension	—