



Alex Vigneau #18406

Last edited by Christine Baker on Aug 22, 2025 at 6:14 PM



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4.7/5
Generosity Indicator

All Time Annual Fiscal

\$186.85 Donations
0.00 Volunteer Hours
\$1,145.00 Event Registrations

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

\$0.00 Store Purchases

All Time Generosity Total \$1,331.85



Configure Edit

NAME	
First	Alex
Middle	—
Last	Vigneau
Preferred	Alex
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	Sep 13, 2000
Login	kfred Last logged in: Jan 16 at 1:02 PM
Login Confirmed	—

CONTACT	
Phone	(505) 453-6428 (505) 710-3692
Home	—
Fax	—
SMS/MMS Number	+1 (505) 453-6428
Email	kfred@unm.edu

Address	
Address	4362 Aspen Avenue Ne Albuquerque, NM 87110
County	—
Online	—

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

DATA PRIVACY & CONSENT	
SMS/MMS	Given

ATHLETE	
Parent/Guardian Name(s) (If under 18)	Kimberly Fredenburgh
Are you registering with ASPNM as a	Athlete

Texting ok at Phone 1?	Yes	Athlete contact person relationship to Athlete	mom
Emergency Contact Name	kim fredenburgh	Start year with ASPNM	2007
Emergency Contact Phone Number	5054536428	Seasons with ASP	—
Interested in summer program	Yes	Annual Household Income	90,000 or more
Interested in winter program	Yes	Ethnicity	Not Hispanic or Latino
Ski Area	Sandia Peak	Race	White
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	None
		Are you considered a Wounded Warrior?	No
		Date of Injury	—

VOLUNTEER			
Volunteer Interests	—	Which Military Branch did you serve in (select all the apply)	—
How did you hear about ASPNM?	unmccd	Height	5'10'
Why would you like to be a part of the ASPNM?	—	Weight	175
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.	Severe Asd limited communication ability
Have you ever taught Skiing and/or Snow Boarding?	—	What type of skiing/riding do you think you will be doing	—
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What functions are affected?	Executive function. Verbal
PSIA or AASI certification (or other professional Snowsport certification)	—	Current activities	Horse riding. Swimming. Hiking . Trampol
Summer Sports certifications, skills, and years experience?	—	Medications	Depakote. Clonazapem
Summer Sports equipment owned?	—	Seizures	Yes
Other sport skills/experience?	—	If yes, date of last seizure	Mar 10, 2018
Non-sport Volunteer?	—	Food or medication allergies	No
What skills do you have that you would consider contributing	—	Need to limit activities?	No
		Primary Care Physician name	Dr. Peter Koenigsberg
		Primary Care Physician phone	5052754288
		Health Insurance	Yes
		Ability to sense cold	Maybe
		Comprehension	Affected