



Andrew Chavez #20750
Last edited by on Dec 12 at 5:34 PM



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4.3/5
Generosity Indicator

All Time Annual Fiscal

\$960.25 Donations
0.00 Volunteer Hours
\$595.00 Event Registrations

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

\$80.00 Store Purchases

All Time Generosity Total \$1,635.25



Configure Edit

| NAME | |
|------------|--------|
| First | Andrew |
| Middle | — |
| Last | Chavez |
| Preferred | Andrew |
| 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 | — |
| Birthday | Jan 28, 1980 |
| Login | THEVEZ Last logged in: Dec 12 at 5:45 PM |
| Login Confirmed | — |

| CONTACT | |
|----------------|----------------------------------|
| Phone | (505) 259-2991 (505) 690-0355 |
| Home | — |
| Fax | — |
| SMS/MMS Number | — |

| | |
|-------|--|
| Email | chavez1257@msn.com kdew77@gmail.com |
|-------|--|

| ADDRESS | |
|---------|---|
| Address | 1229 San Jose Ave Santa Fe, NM 87505 |
| 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 | Not Asked |

| ATHLETE | |
|---------------------------------------|---|
| Parent/Guardian Name(s) (If under 18) | — |
| Are you registering with ASPNM as a | — |

| | | | |
|---|---------------------------|---|---|
| Texting ok at Phone 1? | Yes | Athlete contact person relationship to Athlete | VICKI |
| Emergency Contact Name | Vicki Chavez 505-470-4666 | Start year with ASPNM | — |
| Emergency Contact Phone Number | 505-259-2991 | Seasons with ASP | 4 |
| Interested in summer program | Yes | Annual Household Income | 90,000 or more |
| Interested in winter program | Yes | Ethnicity | Hispanic or Latino |
| Ski Area | Ski Santa Fe | Race | White |
| Staff Only: waiver due date | — | Military Service | Veteran |
| VOLUNTEER | | DD-214 # | — |
| Volunteer Interests | — | Are you considered a Wounded Warrior? | — |
| How did you hear about ASPNM? | NOEL CHAMBORD | Date of Injury | — |
| Why would you like to be a part of the ASPNM? | — | Which Military Branch did you serve in (select all the apply) | — |
| 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? | — | Height | 6'-1" |
| Have you ever taught Adaptive Sports of any kind? | — | Weight | 189 |
| Have you ever taught Skiing and/or Snow Boarding? | — | Type of Disability | — |
| Taught Adaptive Ski/Snowboard prior to ASPNM? | — | Description of disability. Please include anything that you would like ASP to know that has not been addressed. | Anoxic Brain Injury - (60% Brain Loss) |
| PSIA or AASI certification (or other professional Snowsport certification) | — | What type of skiing/riding do you think you will be doing | — |
| Summer Sports certifications, skills, and years experience? | — | What functions are affected? | Speech slurred, No Balance, Memory Loss Walking and body/motion difficulty. |
| Summer Sports equipment owned? | — | Current activities | SKIING, SURFING, GYM |
| Other sport skills/experience? | — | Medications | None |
| Non-sport Volunteer? | — | Seizures | No |
| What skills do you have that you would consider contributing | — | If yes, date of last seizure | — |
| | | Food or medication allergies | None. |
| | | Need to limit activities? | No. |
| | | Primary Care Physician name | Dr. Miranda at the Santa Fe V/A Clinic. |
| | | Primary Care Physician phone | 505-986-8645. |
| | | Health Insurance | Yes |
| | | Ability to sense cold | Normal |
| | | Comprehension | Impaired |