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Arlene Valdez #20870

Last edited by Binh Wakeford on Dec 16 at 12:11 PM

Messages Notes

4.3/5

Generosity Indicator

5/5 Affinity | 4/5 Recency | 3/5 Frequency | 5/5 Monetary Value

All Time | Annual | Fiscal

$0.00 Donations	0.00 Volunteer Hours	$1,430.00 Event Registrations
6 Event Attendance	$0.00 Memberships	$0.00 Soft Credits
$0.00 Store Purchases		

All Time Generosity Total $1,430.00

Configure Edit

NAME

First	Arlene
Middle	–
Last	Valdez
Preferred	Arlene
Prefix	–
Suffix	–
Salutation	–

ACCOUNT DETAILS

Type	Athlete
Source	Online/Internet
Household	–
Employment	–
Gender	Female
Birthday	Jan 31, 1971
Login	Arlene Last logged in: Oct 31 at 2:33 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) 310-0188 – – – Fax (505) 310-0188 SMS/MMS Number
Email	arlene0131@gmail.com – –
Address	Copy Map 332 Winische Way #4 Santa Fe, NM 87505 – County
Online	–

DATA PRIVACY & CONSENT

SMS/MMS	Given

ATHLETE

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

Texting ok at Phone 1?	—
Emergency Contact Name	Lupie Linson
Emergency Contact Phone Number	(505) 5014592
Interested in summer program	—
Interested in winter program	—
Ski Area	—
Staff Only: waiver due date	—

VOLUNTEER

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

Athlete contact person relationship to Athlete	Friend
Start year with ASPNM	2020
Seasons with ASP	—
Annual Household Income	Less than 30,000
Ethnicity	Hispanic or Latino
Race	White
Military Service	None
DD-214 #	—
Are you considered a Wounded Warrior?	—
Date of Injury	—
Which Military Branch did you serve in (select all the apply)	—
Height	5′5″
Weight	140
Type of Disability	Post Polio or Stroke
Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Paralysis on right side
What type of skiing/riding do you think you will be doing	—
What functions are affected?	Right side- arm & leg
Current activities	Yoga & walking
Medications	Coumadin
Seizures	No
If yes, date of last seizure	—
Food or medication allergies	Bananas, strawberries, avocado, coconut, penicillin
Need to limit activities?	.
Primary Care Physician name	.
Primary Care Physician phone	.
Health Insurance	Yes
Ability to sense cold	Yes
Comprehension	Yes