



**Benjamin Martinez** #26024

Last edited by Benjamin Martinez on Dec 2 at 11:46 AM



Messages

Notes

< Back

Find account section



About

Timeline

Household Contacts

Employment History

Relationships

Addresses 1

Data Privacy & Consent 5

Donations

Event Registrations 1

Memberships

Peer-to-Peer Fundraising

Store Orders

Notes

Activities

Grants

Prospects

Solicited Gifts

Invitations

Letters & Materials

Sent Emails 3

Text Messages

Mailchimp

Constant Contact

Eventbrite

Soft Credits

Volunteer

Volunteer Waivers

Survey Responses

Workflows

Receipts

**3.5/5**  
Generosity Indicator

4/5  
Affinity

5/5  
Recency

3/5  
Frequency

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	Benjamin
Middle	—
Last	Martinez
Preferred	Benjamin
Prefix	—
Suffix	—
Salutation	—

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

ACCOUNT DETAILS	
Type	—
Source	Online/Internet
Household	—
Employment	—
Gender	Male
Birthday	Sep 2, 2003
Login	BMartinez505
Login Confirmed	—

CONTACT	
Phone	(505) 507-3867
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	jenrenmartinez@gmail.com
Address	8105 Rancho Viejo Ct NW Albuquerque, NM 87120-3489
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	Declined

ATHLETE	
Parent/Guardian Name(s) (If under 18)	—
Are you registering with ASPNM as a	—
Athlete contact person relationship to Athlete	—

< Back

Q



- About
- Timeline
- Household Contacts
- Employment History
- Relationships
- Addresses 1
- Data Privacy & Consent 5
- Donations
- Event Registrations 1
- Memberships
- Peer-to-Peer Fundraising
- Store Orders
- Notes
- Activities
- Grants
- Prospects
- Solicited Gifts
- Invitations
- Letters & Materials
- Sent Emails 3
- Text Messages
- Mailchimp
- Constant Contact
- Eventbrite
- Soft Credits
- Volunteer
- Volunteer Waivers
- Survey Responses
- Workflows
- Receipts

Texting ok at Phone 1?	—	Start year with ASPNM	2025
Emergency Contact Name	Rafe Martinez	Seasons with ASP	—
Emergency Contact Phone Number	505-507-3870	Annual Household Income	90,000 or more
Interested in summer program	—	Ethnicity	Hispanic or Latino
Interested in winter program	—	Race	White
Ski Area	—	Military Service	None
Staff Only: waiver due date	—	DD-214 #	—
VOLUNTEER		Are you considered a Wounded Warrior?	—
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	ASL Academy	Which Military Branch did you serve in (select all the apply)	—
Why would you like to be a part of the ASPNM?	—	Height	5'9"
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?	—	Weight	185
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	Developmental Disability Hearing impairment - partial
Have you ever taught Skiing and/or Snow Boarding?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Developmental disability and hearing loss hearing aids)
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	Do not know
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	Speech, Gross motor
Summer Sports certifications, skills, and years experience?	—	Current activities	Swimming, bowling, track
Summer Sports equipment owned?	—	Medications	None
Other sport skills/experience?	—	Seizures	No
Non-sport Volunteer?	—	If yes, date of last seizure	—
What skills do you have that you would consider contributing	—	Food or medication allergies	Lentiles
		Need to limit activities?	No
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Yes
		Comprehension	—
		Hearing/Vision	Hearing Loss-Wears Hearing Aids-ASL Su