



Conlan Adams #23684

Last edited by Camille Romero on Jun 18 at 11:25 AM



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Monetary Value

All Time	Annual	Fiscal
\$254.10 Donations	0.00 Volunteer Hours	\$2,340.00 Event Registrations
7 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
All Time Generosity Total \$2,594.10		

Configure Edit

NAME	
First	Conlan
Middle	—
Last	Adams
Preferred	Conlan
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	Jul 16, 2007
Login	2oldnot2 Last logged in: Oct 27 at 10:06 AM
Login Confirmed	—

CONTACT	
Phone	(505) 463-1829
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	russelladams27@msn.com
Address	5304 Revi Don Dr NE Albuquerque, NM 87111
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	Not Asked

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

Texting ok at Phone 1?	Yes	Start year with ASPNM	2014
Emergency Contact Name	Russell Adams	Seasons with ASP	—
Emergency Contact Phone Number	5054631829	Annual Household Income	90,000 or more
Interested in summer program	—	Ethnicity	Not Hispanic or Latino
Interested in winter program	—	Race	White
Ski Area	—	Military Service	None
Staff Only: waiver due date	—	DD-214 #	—
		Are you considered a Wounded Warrior?	No
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	Not a Veteran

VOLUNTEER			
Volunteer Interests	—	Height	58"
How did you hear about ASPNM?	APS Special Ed	Weight	100
Why would you like to be a part of the ASPNM?	—	Type of Disability	Autism Developmental Disability
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?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	slow communication processing – may be unable to answer a question, or he may be unable to answer. He is also very sensitive to some sounds (leaf blowers, chainsaws, etc. appliances)
Have you ever taught Adaptive Sports of any kind?	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
Have you ever taught Skiing and/or Snow Boarding?	—	What functions are affected?	delayed speech and comprehension, hearing sensitivities
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Current activities	very little
PSIA or AASI certification (or other professional Snowsport certification)	—	Medications	none
Summer Sports certifications, skills, and years experience?	—	Seizures	No
Summer Sports equipment owned?	—	If yes, date of last seizure	—
Other sport skills/experience?	—	Food or medication allergies	none known
Non-sport Volunteer?	—	Need to limit activities?	He will be able to say when he is too cold or tired, but will often "go on one more run" if prompted
What skills do you have that you would consider contributing	—	Primary Care Physician name	Alwyn Koil, MD
		Primary Care Physician phone	5058839570
		Health Insurance	Yes
		Ability to sense cold	poor
		Comprehension	difficult
		Hearing/Vision	excellent