



Curtis Dimas #26112

Last edited by Curtis Dimas on Jan 14 at 3:09 PM



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-/5 Affinity
-/5 Recency
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All Time
Annual
Fiscal

| | | |
|----------------------------------|--------------------------------|--------------------------------------|
| \$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 | Curtis |
| Middle | — |
| Last | Dimas |
| Preferred | Curtis |
| 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 | Nov 23, 1983 |
| Login | curtis_dimas@yahoo.com |
| Login Confirmed | — |

| CONTACT | |
|----------------|-------------------|
| Phone | (505) 249-6682 |
| Home | — |
| Work | — |
| Fax | — |
| SMS/MMS Number | +1 (505) 249-6682 |

| | |
|---------|------------------------|
| Email | curtis_dimas@yahoo.com |
| Address | — |

| | |
|---------|---|
| Address | 6601 Kalgan Road NE Rio Rancho, NM 87144 |
| County | — |
| Online | — |

| GENERAL INFORMATION | |
|-------------------------------|---|
| SNOW BALL ASSIGNED SOLICITOR | — |
| 2022 SNOW BALL SPECIAL NOTES: | — |
| 2020 SNOW BALL SPECIAL NOTES: | — |
| Logo Pathway: | — |

| DATA PRIVACY & CONSENT | |
|------------------------|-------|
| SMS/MMS | Given |

| | |
|--------------------------|---|
| Preferred Contact Method | — |
| Preferred Contact Reason | — |

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

| | | | |
|--------------------------------|---------------|--|--------------------|
| Texting ok at Phone 1? | — | Athlete contact person relationship to Athlete | — |
| Emergency Contact Name | Dorothy Dimas | Start year with ASPNM | 2026 |
| Emergency Contact Phone Number | 5052743133 | Seasons with ASP | — |
| Interested in summer program | — | Annual Household Income | Prefer not to say |
| Interested in winter program | — | Ethnicity | Hispanic or Latino |
| Ski Area | — | Race | White |
| Staff Only: waiver due date | — | Military Service | Veteran |
| | | DD-214 # | 0273 |
| | | Are you considered a Wounded Warrior? | — |
| | | Date of Injury | — |

| | | | |
|---|--------|---|--|
| VOLUNTEER | | | |
| Volunteer Interests | — | Which Military Branch did you serve in (select all the apply) | Army |
| How did you hear about ASPNM? | Online | Height | 5'6" |
| Why would you like to be a part of the ASPNM? | — | Weight | 130 |
| 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 | Hearing impairment - partial P.T.S.D. Spinal cord injury Traumatic brain injury |
| 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. | None |
| Have you ever taught Skiing and/or Snow Boarding? | — | What type of skiing/riding do you think you will be doing | Stand Up Snowboarding |
| Taught Adaptive Ski/Snowboard prior to ASPNM? | — | What functions are affected? | None |
| PSIA or AASI certification (or other professional Snowsport certification) | — | Current activities | None |
| Summer Sports certifications, skills, and years experience? | — | Medications | None |
| Summer Sports equipment owned? | — | Seizures | No |
| Other sport skills/experience? | — | If yes, date of last seizure | — |
| Non-sport Volunteer? | — | Food or medication allergies | Poultry allergy |
| What skills do you have that you would consider contributing | — | Need to limit activities? | No |
| | | Primary Care Physician name | — |
| | | Primary Care Physician phone | — |
| | | Health Insurance | — |
| | | Ability to sense cold | Yes |