



Desire Gutierrez #25073

Last edited by Alex Grunstein on Jun 18 at 3:23 PM



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Monetary Value

All Time	Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$0.00 Event Registrations
4 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
All Time Generosity Total \$0.00		

Configure Edit

NAME	
First	Desire
Middle	—
Last	Gutierrez
Preferred	Desire
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	Female
Birthday	Feb 23, 2011
Login	Rgutz86 Last logged in: Dec 10 at 5:47 PM
Login Confirmed	—

CONTACT	
Phone	(505) 416-9541
Home	—
Work	—
Fax	—
SMS/MMS Number	—

Email	rgutz86@gmail.com
	—
	—

Address	
	1801 Espicinitas St. Apt. 3 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	—
Preferred Contact Reason	—

DATA PRIVACY & CONSENT	
SMS/MMS	Not Asked

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

Texting ok at Phone 1?	Yes	Start year with ASPNM	2024
Emergency Contact Name	Robert	Seasons with ASP	—
Emergency Contact Phone Number	5054169541	Annual Household Income	Less than 30,000
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 #	—
		Are you considered a Wounded Warrior?	No

VOLUNTEER		Date of Injury	—
Volunteer Interests	—	Which Military Branch did you serve in (select all the apply)	Not a Veteran
How did you hear about ASPNM?	school	Height	5'1
Why would you like to be a part of the ASPNM?	—	Weight	253
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	Autism Developmental Disability
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.	Delayed
Have you ever taught Skiing and/or Snow Boarding?	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What functions are affected?	None
PSIA or AASI certification (or other professional Snowsport certification)	—	Current activities	Bowling, Walking
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	none
What skills do you have that you would consider contributing	—	Need to limit activities?	No
		Primary Care Physician name	NP Sonya
		Primary Care Physician phone	5059923334
		Health Insurance	Yes
		Ability to sense cold	yes
		Comprehension	good
		Hearing/Vision	good