



**Dezaray Mata** #25071

Last edited by Alex Grunstein on Jun 18 at 3:42 PM



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**2.2/5**  
Generosity Indicator

4/5  
Affinity

2/5  
Recency

1/5  
Frequency

1/5  
Monetary Value

All Time	Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$0.00 Event Registrations
2 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
<b>All Time Generosity Total \$0.00</b>		

Configure Edit

NAME	
First	Dezaray
Middle	—
Last	Mata
Preferred	Dezaray
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	Apr 1, 2009
Login	Matadezaray Last logged in: Nov 19, 2024 at 6:23 AM
Login Confirmed	—

CONTACT	
Phone	(505) 236-9758
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	chvzmchl1@my.com
Address	69 N. Shining Sun Santa Fe, NM 87506
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)	Michelle Chavez
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	Michelle Chavez	Seasons with ASP	—
Emergency Contact Phone Number	5052369758	Annual Household Income	Less than 30,000
Interested in summer program	—	Ethnicity	Hispanic or Latino
Interested in winter program	—	Race	American Indian or Alaska Native 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
		Height	5'2
		Weight	117
		Type of Disability	Attention Deficit Disorder Developmental Disability
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	ADHD
		What type of skiing/riding do you think you will be doing	Stand Up Skiing
		What functions are affected?	None
		Current activities	Bowling, Walking
		Medications	None
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	none
		Need to limit activities?	None
		Primary Care Physician name	Arroyo Chamiso Pedi
		Primary Care Physician phone	5059134845
		Health Insurance	Yes
		Ability to sense cold	yes
		Comprehension	good
		Hearing/Vision	good

  

<b>VOLUNTEER</b>	
Volunteer Interests	—
How did you hear about ASPNM?	school
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	—