



Gabriel McCord #25478
Last edited by on Oct 27 at 9:24 PM



Messages

Notes

< Back

Find account section



About

Timeline

Household Contacts

Employment History

Relationships

Addresses 1

Data Privacy & Consent 10

Donations

Event Registrations 2

Memberships

Peer-to-Peer Fundraising

Store Orders

Notes

Activities

Grants

Prospects

Solicited Gifts

Invitations

Letters & Materials

Sent Emails 6

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

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

Configure Edit

NAME	
First	Gabriel
Middle	—
Last	McCord
Preferred	Gabriel
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	Male
Birthday	Jun 3, 2009
Login	GabrielM Last logged in: Dec 3 at 12:15 PM
Login Confirmed	—

CONTACT	
Phone	(505) 249-7543
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	janmarie9101@yahoo.com
Address	1849 Peach Rd 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:	—
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	—

Texting ok at Phone 1?	—	Start year with ASPNM	2024
Emergency Contact Name	Janice Gallegos	Seasons with ASP	—
Emergency Contact Phone Number	505-249-7543	Annual Household Income	45,000-89,999
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?	—

VOLUNTEER			
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	School	Which Military Branch did you serve in (select all the apply)	Not a Veteran
Why would you like to be a part of the ASPNM?	—	Height	5'4.5"
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	192
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	Developmental Disability
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.	Speech delayed/developmentally delayed
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, reading, writing
Summer Sports certifications, skills, and years experience?	—	Current activities	Weightlifting
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	N/A
		Need to limit activities?	No
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Yes
		Comprehension	—
		Hearing/Vision	Wears glasses
		Verbal communication	—