



Isaac Flores #14464

Last edited by Binh Wakeford on Dec 16 at 12:29 PM



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4.4/5
Generosity Indicator

All Time Annual Fiscal

\$228.40 Donations
0.00 Volunteer Hours
\$560.00 Event Registrations

20 Event Attendance
\$0.00 Memberships
\$0.00 Soft Credits

\$0.00 Store Purchases

All Time Generosity Total \$788.40



Configure Edit

NAME	
First	Isaac
Middle	—
Last	Flores
Preferred	Isaac
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	—
Household	—
Employment	—
Gender	—
Birthday	Jun 19, 1977
Login	lflores77 Last logged in: Nov 15 at 6:50 PM
Login Confirmed	—

CONTACT	
Phone	(505) 803-9651
Home	—
Work	—
Fax	—
SMS/MMS Number	—

Email	ijflores77@gmail.com
—	—
—	—

Address	
339 Visata Del Angel SW Albuquerque, NM 87121 United States of America	Copy Map
County	—
Online	—

GENERAL INFORMATION	
SNOW BALL ASSIGNED SOLICITOR	—
2022 SNOW BALL SPECIAL NOTES:	—
2020 SNOW BALL SPECIAL NOTES:	—
Logo Pathway:	—
Preferred Contact Method	Unknown
Preferred Contact Reason	All Correspondence

DATA PRIVACY & CONSENT	
SMS/MMS	Not Asked

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	Kristine Cruz	Start year with ASPNM	—
Emergency Contact Phone Number	505-659-2217	Seasons with ASP	2
Interested in summer program	—	Annual Household Income	—
Interested in winter program	Yes	Ethnicity	—
Ski Area	Sandia Peak	Race	—
Staff Only: waiver due date	—	Military Service	Veteran
		DD-214 #	—
		Are you considered a Wounded Warrior?	—

VOLUNTEER			
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	—	Which Military Branch did you serve in (select all the apply)	Navy
Why would you like to be a part of the ASPNM?	—	Height	5'5"
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	160
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	Spinal cord injury
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.	C6 Quad -tetraplegia
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	—
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	no movement in lower limbs partial use of limbs
Summer Sports certifications, skills, and years experience?	—	Current activities	—
Summer Sports equipment owned?	—	Medications	Baclophen Oxybutin Temazepam
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	Bactrim Rocephin
		Need to limit activities?	None
		Primary Care Physician name	Dr. K Edwards
		Primary Care Physician phone	265-1711 ext 2849
		Health Insurance	—
		Ability to sense cold	Impaired