



Isaac Martinez #24230

Last edited by Camille Romero on Jun 18 at 12:22 PM



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4.4/5  
Generosity Indicator

All Time Annual Fiscal

\$157.62 Donations  
0.00 Volunteer Hours  
\$300.00 Event Registrations

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

\$0.00 Store Purchases

All Time Generosity Total \$457.62



Configure Edit

NAME	
First	Isaac
Middle	—
Last	Martinez
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	Online/Internet
Household	—
Employment	—
Gender	Male
Birthday	Jul 31, 1988
Login	ijmartinez88 Last logged in: Nov 5 at 2:06 PM
Login Confirmed	—

CONTACT	
Phone	(760) 637-9570
Home	—
Work	—
Fax	—
SMS/MMS Number	—

Email	isaac.martinezmotox@hotmail.com
—	—
—	—

Address	
16 Camino Otilia Santa Fe, NM 87506	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	—
Preferred Contact Reason	—

DATA PRIVACY & CONSENT	
SMS/MMS	Not Asked

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

Texting ok at Phone 1?	—	Start year with ASPNM	2022
Emergency Contact Name	Serra Dittel	Seasons with ASP	—
Emergency Contact Phone Number	5038575184	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	Veteran
Staff Only: waiver due date	—	DD-214 #	0534
		Are you considered a Wounded Warrior?	No

<b>VOLUNTEER</b>		Date of Injury	—
Volunteer Interests	—	Which Military Branch did you serve in (select all the apply)	Marines
How did you hear about ASPNM?	Vet Center Santa Fe	Height	5' 10"
Why would you like to be a part of the ASPNM?	—	Weight	210
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	P.T.S.D.
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.	Can be triggered in some high stress environments.
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?	Relationships with my children and at work
PSIA or AASI certification (or other professional Snowsport certification)	—	Current activities	Biking, strength training and running.
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	VA clinic Espanola
		Primary Care Physician phone	505-367-4213
		Health Insurance	Yes
		Ability to sense cold	very good
		Comprehension	Very good
		Hearing/Vision	very good
		Verbal communication	Very good