Back

Find account section

- About
- Timeline
- Household Contacts
- Employment History
- Relationships
- Addresses 1
- Data Privacy & Consent 5
- Donations
- Event Registrations 1
- Memberships
- Peer-to-Peer Fundraising
- Store Orders
- Notes
- Activities
- Grants
- Prospects
- Solicited Gifts
- Invitations
- Letters & Materials
- Sent Emails 1
- Text Messages
- Mailchimp
- Constant Contact
- Eventbrite
- Soft Credits
- Volunteer
- Volunteer Waivers
- Survey Responses
- Workflows
- Receipts

Jack Jackson #26141

Last edited by Binh Wakeford on Feb 3 at 8:54 PM

Messages Notes

-/5

Generosity Indicator

-/5 Affinity	-/5 Recency	-/5 Frequency	-/5 Monetary Value

All Time | Annual | Fiscal

$0.00 Donations	0.00 Volunteer Hours	$0.00 Event Registrations
0 Event Attendance	$0.00 Memberships	$0.00 Soft Credits
$0.00 Store Purchases		

All Time Generosity Total $0.00

Configure Edit

NAME

First	Jack
Middle	–
Last	Jackson
Preferred	Jack
Prefix	–
Suffix	–
Salutation	–

ACCOUNT DETAILS

Type	–
Source	Online/Internet
Household	–
Employment	–
Gender	Female
Birthday	Mar 2, 1996
Login	BalrogWhisperer
Login Confirmed	–

GENERAL INFORMATION

SNOW BALL ASSIGNED SOLICITOR	–
2022 SNOW BALL SPECIAL NOTES:	–
2020 SNOW BALL SPECIAL NOTES:	–
Logo Pathway:	–
Preferred Contact Method	–
Preferred Contact Reason	–

MEMBERSHIP

Account Current Membership Status	–
Membership Term	–
Membership Level	–
Membership Directory	–
Directory Opt-In Status	Automatically Opted In

CONTACT

Phone	(970) 903-9110
	–
	–
	– Fax
	– SMS/MMS Number
Email	jumpfromorbit@live.com
	–
	–
Address	Copy Map
	17 San Fernando Rd Peralta, NM 87106
	– County
Online	–

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?	—
Emergency Contact Name	Camille M Casaus
Emergency Contact Phone Number	5053776728
Interested in summer program	—
Interested in winter program	—
Ski Area	—
Staff Only: waiver due date	—

VOLUNTEER

Volunteer Interests	—
How did you hear about ASPNM?	VA Recreational Therapist Catherine Ivie
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	—
Start year with ASPNM	2026
Seasons with ASP	—
Annual Household Income	Less than 30,000
Ethnicity	Prefer not say
Race	Prefer not to say
Military Service	Veteran
DD-214 #	9189
Are you considered a Wounded Warrior?	—
Date of Injury	—
Which Military Branch did you serve in (select all the apply)	Army
Height	6'
Weight	215 lbs
Type of Disability	P.T.S.D. Other
Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Neurological Condition (Charcot-Marie-To
What type of skiing/riding do you think you will be doing	Stand Up Snowboarding
What functions are affected?	Coordination, muscle strength, joint mobil
Current activities	Walking, moderate exercise
Medications	Ceterazine 10mg, Montelukast 10mg, Fam 20mg daily Fluticasone Propionate 50 mcg 2x daily
Seizures	No
If yes, date of last seizure	—
Food or medication allergies	Amoxicillin/Penicillin
Need to limit activities?	Possibly. I haven't done anything like this f many years
Primary Care Physician name	—
Primary Care Physician phone	—
Health Insurance	—
Ability to sense cold	Yes
Comprehension	—