



Jerold Whyte #25861

Last edited by Binh Wakeford on Dec 16 at 4:18 PM



Messages

Notes

< 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 3

Text Messages 1

Mailchimp

Constant Contact

Eventbrite

Soft Credits

Volunteer

Volunteer Waivers

Survey Responses

Workflows

Receipts

3.2/5
Generosity Indicator

4/5
Affinity

4/5
Recency

3/5
Frequency

1/5
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	Jerold
Middle	—
Last	Whyte
Preferred	Jerold
Prefix	—
Suffix	—
Salutation	—

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

ACCOUNT DETAILS	
Type	—
Source	Online/Internet
Household	—
Employment	—
Gender	Male
Birthday	Dec 1, 1973
Login	jwhyte857
Login Confirmed	—

CONTACT	
Phone	(505) 347-2630
Home	—
Mobile	—
Fax	—
SMS/MMS Number	(505) 347-2630
Email	jwhyte857@yahoo.com

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

Address	3405 Calle Cuervo Northwest Apt 1338 Albuquerque, NM 87114-9224
County	—
Online	—

DATA PRIVACY & CONSENT	
SMS/MMS	Given

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	Lynda Whyte	Start year with ASPNM	2025
Emergency Contact Phone Number	5052639742	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	30,000-44,999
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	American Indian or Alaska Native
Staff Only: waiver due date	—	Military Service	Veteran
		DD-214 #	3428
		Are you considered a Wounded Warrior?	—
		Date of Injury	—

VOLUNTEER			
Volunteer Interests	—	Which Military Branch did you serve in (select all the apply)	Navy
How did you hear about ASPNM?	Veteran	Height	5'10
Why would you like to be a part of the ASPNM?	—	Weight	200
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	Spinal cord injury
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.	Spinal fusion C30C7
Have you ever taught Skiing and/or Snow Boarding?	—	What type of skiing/riding do you think you will be doing	Stand Up Snowboarding
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What functions are affected?	Balance and strength
PSIA or AASI certification (or other professional Snowsport certification)	—	Current activities	Weightlifting, bicycling and walking
Summer Sports certifications, skills, and years experience?	—	Medications	HCTZ 25/Lisinopril 20mg/day, Baclofen 15mg/day
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	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Yes
		Comprehension	—