



Jesus Misael Hernandez-Medina #26128

Last edited by Jesus Misael Hernandez-Medina on Jan 16 at 7:23 PM

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Generosity Indicator

\$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	Jesus Misael
Middle	—
Last	Hernandez-Medina
Preferred	Jesus Misael
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	Jun 10, 2006
Login	jesusmisael
Login Confirmed	—

CONTACT	
Phone	(505) 340-5034
Home	—
Work	—
Fax	—
SMS/MMS Number	—

Email	misaelh@student.aslacademy.com
—	—
—	—

Address	
2204 Centro Familiar Blvd. SW	Albuquerque, NM 87105
—	—
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	2026
Emergency Contact Name	Norma Hernandez	Seasons with ASP	—
Emergency Contact Phone Number	5053405034	Annual Household Income	30,000-44,999
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 #	—
VOLUNTEER		Are you considered a Wounded Warrior?	—
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	5'6"
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	130
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	Hearing impairment - total
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.	Deaf and language delay
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	Hearing and language comprehension
Summer Sports certifications, skills, and years experience?	—	Current activities	Working outside
Summer Sports equipment owned?	—	Medications	Allergy med
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	None
		Need to limit activities?	No
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Normal
		Comprehension	—
		Hearing/Vision	Deaf
		Verbal communication	—