



**Justin Quintana** #24546

Last edited by Binh Wakeford on Dec 16 at 4:07 PM



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Generosity Indicator

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Affinity

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Monetary Value

All Time	Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$330.00 Event Registrations
8 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
<b>All Time Generosity Total \$330.00</b>		

Configure Edit

NAME	
First	Justin
Middle	—
Last	Quintana
Preferred	Justin
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 23, 1992
Login	Jquin34 Last logged in: Oct 27 at 12:14 PM
Login Confirmed	—

CONTACT	
Phone	(505) 470-2453
Home	—
Work	—
Fax	—
SMS/MMS Number	—

Email	justin.a.quintana1@gmail.com
	—
	—

Address	
	Copy Map
	18 El Alto Verde Pecos, NM 87552
	—
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 contact person relationship to Athlete	—

Texting ok at Phone 1?	Yes	Start year with ASPNM	2022
Emergency Contact Name	Audriana Quintana	Seasons with ASP	—
Emergency Contact Phone Number	5055019191	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	Veteran
Staff Only: waiver due date	—	DD-214 #	8477
<b>VOLUNTEER</b>		Are you considered a Wounded Warrior?	No
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	Web	Which Military Branch did you serve in (select all the apply)	Marines
Why would you like to be a part of the ASPNM?	—	Height	5'8
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	133
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.	T5 complete paraplegic
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	Do not know
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	Chest down
Summer Sports certifications, skills, and years experience?	—	Current activities	Workout
Summer Sports equipment owned?	—	Medications	None
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	VA
		Primary Care Physician phone	5052656511
		Health Insurance	Yes
		Ability to sense cold	Yes
		Comprehension	Good
		Hearing/Vision	Yes
		Verbal communication	Yes