



Mario Chavez #6291

Last edited by Binh Wakeford on Dec 16 at 1:00 PM



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4.2/5  
Generosity Indicator

All Time Annual Fiscal

\$100.00 Donations  
0.00 Volunteer Hours  
\$125.00 Event Registrations

53 Event Attendance  
\$5,860.00 Memberships  
\$0.00 Soft Credits

\$0.00 Store Purchases

All Time Generosity Total \$6,085.00



Configure Edit

NAME	
First	Mario
Middle	—
Last	Chavez
Preferred	Mario
Prefix	—
Suffix	—
Salutation	—

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

ACCOUNT DETAILS	
Type	Athlete Board Member - Active Volunteer - Active
Source	Online/Internet
Household	—
Employment	—
Gender	—
Birthday	Oct 31, 1973
Login	—
Login Confirmed	—

CONTACT	
Phone	(505) 350-4453 (505) 350-3353 (505) 730-7170
Fax	—
SMS/MMS Number	—
Email	mc73blue@gmail.com
Address	920 Anthony Ln SW Albuquerque, NM 87105 United States of America
County	—
Online	—

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

DATA PRIVACY & CONSENT	
SMS/MMS	Not Asked

ATHLETE	
Parent/Guardian Name(s) (If under 18)	—
Are you registering with ASPNM as a	—

Preferred Contact Reason	All Correspondence	Athlete contact person relationship to Athlete	—
Texting ok at Phone 1?	—	Start year with ASPNM	—
Emergency Contact Name	Henry or Margaret chavez	Seasons with ASP	1
Emergency Contact Phone Number	hm 505-247-8541 cell 505-362-1335	Annual Household Income	—
Interested in summer program	Yes	Ethnicity	—
Interested in winter program	Yes	Race	—
Ski Area	Ski Santa Fe	Military Service	—
Staff Only: waiver due date	—	DD-214 #	—
<b>VOLUNTEER</b>		Are you considered a Wounded Warrior?	—
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	—	Which Military Branch did you serve in (select all the apply)	—
Why would you like to be a part of the ASPNM?	—	Height	—
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	—
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	—
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.	FSHMD facioscapulohumeral muscular dystrophy Left shoulder dislocation posterior -acute Hypertension Diabetes type 2 High cholesterol Upper limb weakness Lower limb weakness Water aquatics 3 times a week and physiotherapy two times a week
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	—
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	—
Summer Sports certifications, skills, and years experience?	—	Current activities	—
Summer Sports equipment owned?	—	Medications	Hydrochlorothiazide 25 mg tabs once a day Metformin 500Mg once a day Hydrocordon /APAP 7.5-325 as needed for Fish oil 1000 mg daily
Other sport skills/experience?	—	Seizures	No
Non-sport Volunteer?	—	If yes, date of last seizure	—
		Food or medication allergies	None
		Need to limit activities?	No
		Primary Care Physician name	Pcp Dr. Angela Gallegos Macias MD ph #
		Primary Care Physician phone	(505) 462-7777