



Mark Whitson #18104

Last edited by Binh Wakeford on Dec 16 at 12:58 PM



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5/5
Monetary Value

All Time	Annual	Fiscal
\$207.42 Donations	0.00 Volunteer Hours	\$804.00 Event Registrations
44 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$145.00 Store Purchases		
All Time Generosity Total \$1,156.42		

Configure Edit

NAME	
First	Mark
Middle	—
Last	Whitson
Preferred	Mark
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 Volunteer - Active
Source	Online/Internet
Household	—
Employment	—
Gender	—
Birthday	Jan 23, 1963
Login	Livintofis@aol.com Last logged in: Nov 10 at 3:49 PM
Login Confirmed	—

CONTACT	
Phone	(505) 270-0782
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	livintofis@aol.com
Address	7911 Modesto Ave NE Albuquerque, NM 87122
County	—
Online	—

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

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	Wife

Preferred Contact Reason	—	Start year with ASPNM	2016
Texting ok at Phone 1?	Yes	Seasons with ASP	—
Emergency Contact Name	Linda whitson	Annual Household Income	45,000-89,999
Emergency Contact Phone Number	505 980 6337	Ethnicity	Not Hispanic or Latino
Interested in summer program	—	Race	White
Interested in winter program	—	Military Service	Veteran
Ski Area	—	DD-214 #	—
Staff Only: waiver due date	—	Are you considered a Wounded Warrior?	No
		Date of Injury	Nov 11, 1985
		Which Military Branch did you serve in (select all the apply)	Army
		Height	5' 6"
		Weight	219
		Type of Disability	Amputation
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	L aka
		What type of skiing/riding do you think you will be doing	—
		What functions are affected?	Mobility
		Current activities	Handcycle
		Medications	Vicodin, blood meds
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	No
		Need to limit activities?	No
		Primary Care Physician name	Anderson
		Primary Care Physician phone	265 1711
		Health Insurance	Yes
		Ability to sense cold	Yes
		Comprehension	Good
		Hearing/Vision	Ok
		Verbal communication	Yes

VOLUNTEER	
Volunteer Interests	—
How did you hear about ASPNM?	VA
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?	—