



**Martin Marquez** #25165

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



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**3.9/5**  
Generosity Indicator

4/5  
Affinity

5/5  
Recency

5/5  
Frequency

1/5  
Monetary Value

<b>\$0.00</b> Donations	<b>0.00</b> Volunteer Hours	<b>\$0.00</b> Event Registrations
<b>10</b> Event Attendance	<b>\$0.00</b> Memberships	<b>\$0.00</b> Soft Credits
<b>\$0.00</b> Store Purchases		

**All Time Generosity Total \$0.00**

Configure Edit

NAME	
First	Martin
Middle	—
Last	Marquez
Preferred	Martin
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 15, 1982
Login	Martinm505@yahoo.com Last logged in: Dec 3 at 7:29 PM
Login Confirmed	—

CONTACT	
Phone	(505) 269-4691
Home	—
Work	—
Fax	—
SMS/MMS Number	—

Email	Martinm505@yahoo.com
—	—
—	—

Address	
3901 Montgomery Blvd NE Apt 1202 Albuquerque, NM 87109	
—	—
—	County

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	Uncle

Texting ok at Phone 1?	—	Start year with ASPNM	2018
Emergency Contact Name	Jamie Gomez	Seasons with ASP	—
Emergency Contact Phone Number	505-400-7841	Annual Household Income	—
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 #	1424
<b>VOLUNTEER</b>		Are you considered a Wounded Warrior?	No
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	—	Which Military Branch did you serve in (select all the apply)	Army
Why would you like to be a part of the ASPNM?	—	Height	5'0"
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	155
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	Hearing impairment - partial P.T.S.D.
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.	Joint pain, etc
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?	I use a cane to walk when in pain
Summer Sports certifications, skills, and years experience?	—	Current activities	I don't do much because I hate doing things alone and have no friends.
Summer Sports equipment owned?	—	Medications	Allopurinol Htcz/lisinopril Cetrizine Albuterol
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	Amoxicillin, penicillin
		Need to limit activities?	No
		Primary Care Physician name	Vallejos
		Primary Care Physician phone	+1 (505) 896-7200
		Health Insurance	—
		Ability to sense cold	Yes