



Memphis Yazzie #25812

Last edited by Binh Wakeford on Dec 29 at 8:34 PM



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1/5
Monetary Value

All Time	Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$0.00 Event Registrations
1 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
All Time Generosity Total \$0.00		

Configure Edit

NAME	
First	Memphis
Middle	—
Last	Yazzie
Preferred	Memphis
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	Apr 19, 2008
Login	Memphis08
Login Confirmed	—

CONTACT	
Phone	(505) 315-3035
Home	—
Work	—
Fax	—
SMS/MMS Number	(505) 315-3035
Email	jarchie33@gmail.com
Address	9801 Silverton Dr NW Albuquerque, NM 87114
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	Given

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

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	Joycelyn Archie	Start year with ASPNM	2025
Emergency Contact Phone Number	5053153035	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	45,000-89,999
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	American Indian or Alaska Native
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	N/A
		Are you considered a Wounded Warrior?	—
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	Not a Veteran
VOLUNTEER		Height	5'10
Volunteer Interests	—	Weight	240
How did you hear about ASPNM?	So everybody can move event 10/25/25	Type of Disability	Amputation
Why would you like to be a part of the ASPNM?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Ak amputee left leg
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?	—	What type of skiing/riding do you think you will be doing	Stand Up Snowboarding
Have you ever taught Adaptive Sports of any kind?	—	What functions are affected?	Walking, mobility
Have you ever taught Skiing and/or Snow Boarding?	—	Current activities	Weightlifting and walking
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Medications	None
PSIA or AASI certification (or other professional Snowsport certification)	—	Seizures	No
Summer Sports certifications, skills, and years experience?	—	If yes, date of last seizure	—
Summer Sports equipment owned?	—	Food or medication allergies	None
Other sport skills/experience?	—	Need to limit activities?	Break, as needed
Non-sport Volunteer?	—	Primary Care Physician name	—
What skills do you have that you would consider contributing	—	Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Yes
		Comprehension	—