



Michael Sorroche #24195
Last edited by Binh Wakeford on Dec 16 at 4:01 PM

Messages Notes

4.2/5

Generosity Indicator



All Time Annual Fiscal

| | | |
|---|---|---|
| <p>\$375.94</p> <p>Donations</p> | <p>0.00</p> <p>Volunteer Hours</p> | <p>\$4,505.00</p> <p>Event Registrations</p> |
| <p>44</p> <p>Event Attendance</p> | <p>\$0.00</p> <p>Memberships</p> | <p>\$0.00</p> <p>Soft Credits</p> |
| <p>\$0.00</p> <p>Store Purchases</p> | | |

All Time Generosity Total \$4,880.94

< Back

Find account section

About

Timeline

Household Contacts 3

Employment History

Relationships 2

Addresses 1

Data Privacy & Consent

Donations 3

Event Registrations 36

Memberships

Peer-to-Peer Fundraising

Store Orders

Notes

Activities

Grants

Prospects

Solicited Gifts

Invitations

Letters & Materials

Sent Emails 75

Text Messages

Mailchimp

Constant Contact

Eventbrite

Soft Credits

Volunteer

Volunteer Waivers

Survey Responses

Workflows

Receipts

| NAME | |
|------------|----------|
| First | Michael |
| Middle | — |
| Last | Sorroche |
| Preferred | Michael |
| Prefix | — |
| Suffix | — |
| Salutation | — |

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

| ACCOUNT DETAILS | |
|-----------------|--|
| Type | Athlete |
| Source | Online/Internet |
| Household | — |
| Employment | — |
| Gender | Male |
| Birthday | Jan 6, 1994 |
| Login | mssorroche Last logged in: Oct 27 at 10:29 AM |
| Login Confirmed | — |

| CONTACT | |
|---------|--|
| Phone | (505) 261-8314 |
| | — |
| | — |
| | Fax |
| | — |
| | SMS/MMS Number |
| Email | sorroche@swcp.com |
| | — |
| | — |
| Address | 6717 Beck Dr NE Albuquerque, NM 87109 |
| | — |
| | County |
| Online | — |

| GENERAL INFORMATION | |
|-------------------------------|--------------------|
| SNOW BALL ASSIGNED SOLICITOR | — |
| 2022 SNOW BALL SPECIAL NOTES: | — |
| 2020 SNOW BALL SPECIAL NOTES: | — |
| Logo Pathway: | — |
| Preferred Contact Method | Unknown |
| Preferred Contact Reason | All Correspondence |

| DATA PRIVACY & CONSENT | |
|------------------------|-----------|
| SMS/MMS | Not Asked |

| ATHLETE | |
|--|--------------------|
| Parent/Guardian Name(s) (If under 18) | x |
| Are you registering with ASPNM as a | — |
| Athlete contact person relationship to Athlete | Michael J Sorroche |

| | | | |
|--------------------------------|--------------|---------------------------------------|--------------------|
| Texting ok at Phone 1? | Yes | Start year with ASPNM | 2000 |
| Emergency Contact Name | Joe Sorroche | Seasons with ASP | 17 |
| Emergency Contact Phone Number | 505-288-1873 | Annual Household Income | Less than 30,000 |
| Interested in summer program | Yes | Ethnicity | Hispanic or Latino |
| Interested in winter program | Yes | Race | White |
| Ski Area | Ski Santa Fe | Military Service | None |
| Staff Only: waiver due date | — | DD-214 # | — |
| | | Are you considered a Wounded Warrior? | No |

| | | | |
|---|----|---|-------------------------------------|
| VOLUNTEER | | Date of Injury | — |
| Volunteer Interests | — | Which Military Branch did you serve in (select all the apply) | Not a Veteran |
| How did you hear about ASPNM? | PT | Height | 5' |
| Why would you like to be a part of the ASPNM? | — | Weight | 115 |
| 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? | — | Type of Disability | Spina Bifida |
| Have you ever taught Adaptive Sports of any kind? | — | Description of disability. Please include anything that you would like ASP to know that has not been addressed. | Parapalegic |
| Have you ever taught Skiing and/or Snow Boarding? | — | What type of skiing/riding do you think you will be doing | Sit Down Skiing - Mono Ski |
| Taught Adaptive Ski/Snowboard prior to ASPNM? | — | What functions are affected? | Walking |
| PSIA or AASI certification (or other professional Snowsport certification) | — | Current activities | Cycling, skiing, gym |
| Summer Sports certifications, skills, and years experience? | — | Medications | Zoloft, Myrbetric, oxybutin, keppra |
| Summer Sports equipment owned? | — | Seizures | Yes |
| Other sport skills/experience? | No | If yes, date of last seizure | Jan 11, 2019 |
| Non-sport Volunteer? | — | Food or medication allergies | None |
| What skills do you have that you would consider contributing | — | Need to limit activities? | no |
| | | Primary Care Physician name | Melvin Romero |
| | | Primary Care Physician phone | (505) 881-1229 |
| | | Health Insurance | Yes |
| | | Ability to sense cold | Impaired |
| | | Comprehension | Mild intellectual disability |
| | | Hearing/Vision | Normal |
| | | Verbal communication | Verbal |