



**Michael Toby Sanchez** #25197

Last edited by Binh Wakeford on Dec 16 at 3:59 PM



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Generosity Indicator

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Frequency

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Monetary Value

| All Time                                  | Annual                  | Fiscal                          |
|---|-------------------------|---------------------------------|
| \$0.00<br>Donations                       | 0.00<br>Volunteer Hours | \$200.00<br>Event Registrations |
| 9<br>Event Attendance                     | \$0.00<br>Memberships   | \$0.00<br>Soft Credits          |
| \$0.00<br>Store Purchases                 |                         |                                 |
| <b>All Time Generosity Total \$200.00</b> |                         |                                 |

Configure Edit

| NAME       |              |
|------------|--------------|
| First      | Michael Toby |
| Middle     | —            |
| Last       | Sanchez      |
| Preferred  | Michael Toby |
| 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        | Jun 8, 1961  |
| Login           | sanchezlex4@aol.com<br>Last logged in: Oct 27 at 6:26 PM |
| Login Confirmed | —  |

| CONTACT        |                |
|----------------|----------------|
| Phone          | (505) 235-8465 |
| Home           | —              |
| Mobile         | —              |
| Fax            | —              |
| SMS/MMS Number | —              |

Email sanchezlex4@aol.com

| Address   |          |
|---|----------|
| 2539 Violeta Circle Se<br>Rio Rancho, NM 87124-2596 | Copy Map |
| 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                | Declined |

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

|                                |                   |                                       |                    |
|--------------------------------|-------------------|---------------------------------------|--------------------|
| Texting ok at Phone 1?         | —                 | Start year with ASPNM                 | 2021               |
| Emergency Contact Name         | Elaine Sanchez    | Seasons with ASP                      | —                  |
| Emergency Contact Phone Number | +1 (505) 307-0105 | 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 #                              | 525119744          |
|                                |                   | Are you considered a Wounded Warrior? | No                 |

|   |   |   |   |
|---|---|---|---|
| <b>VOLUNTEER</b>  |   | Date of Injury  | Jun 1, 2021                                     |
| Volunteer Interests   | — | Which Military Branch did you serve in (select all the apply)   | Army<br>Marines                                 |
| How did you hear about ASPNM?   | — | Height  | 5'8"  |
| Why would you like to be a part of the ASPNM?   | — | Weight  | 200   |
| 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  | Hearing impairment - total<br>P.T.S.D.<br>Other |
| 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. | Chronic pain                                    |
| Have you ever taught Skiing and/or Snow Boarding?   | — | What type of skiing/riding do you think you will be doing   | —   |
| Taught Adaptive Ski/Snowboard prior to ASPNM?   | — | What functions are affected?  | Radiating pain from neck with activity          |
| PSIA or AASI certification (or other professional Snowsport certification)  | — | Current activities  | Walking, running, biking and swimming           |
| Summer Sports certifications, skills, and years experience?   | — | Medications   | Pain patches                                    |
| Summer Sports equipment owned?  | — | Seizures  | No  |
| Other sport skills/experience?  | — | If yes, date of last seizure  | —   |
| Non-sport Volunteer?  | — | Food or medication allergies  | None  |
| What skills do you have that you would consider contributing  | — | Need to limit activities?   | None  |
|   |   | Primary Care Physician name   | Dr Vaugh  |
|   |   | Primary Care Physician phone  | +1 (505) 896-7200                               |
|   |   | Health Insurance  | —   |
|   |   | Ability to sense cold   | Yes   |
|   |   | Comprehension   | Full functionality                              |
|   |   | Hearing/Vision  | Tenitous  |