



Mike Sandoval #25978

Last edited by Mike Sandoval on Nov 17 at 10:28 AM



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Generosity Indicator



All Time Annual Fiscal

\$0.00 Donations	0.00 Volunteer Hours	\$0.00 Event Registrations
0 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		

All Time Generosity Total \$0.00

Configure Edit

NAME	
First	Mike
Middle	—
Last	Sandoval
Preferred	Mike
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	Oct 27, 1984
Login	mike.sandoval
Login Confirmed	—

CONTACT	
Phone	(505) 927-4232
	—
	—
	Fax
	(505) 927-4232
	SMS/MMS Number
Email	mike.sandoval33@gmail.com
	—
	—
Address	2693 Camino Plata Loop NE Rio Rancho, NM 87144
	—
	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	Jenelle Sandoval	Start year with ASPNM	2025
Emergency Contact Phone Number	5059275588	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	Prefer not to say
Interested in winter program	—	Ethnicity	Hispanic or Latino
Ski Area	—	Race	Prefer not to say
Staff Only: waiver due date	—	Military Service	Veteran
		DD-214 #	8153
		Are you considered a Wounded Warrior?	—
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	Army
		Height	5' 7"
		Weight	220
		Type of Disability	Traumatic brain injury Other
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Skeletal and muscular
		What type of skiing/riding do you think you will be doing	Stand Up Skiing
		What functions are affected?	Standing, squatting, bending
		Current activities	Limited
		Medications	Nexium, ozempic
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	None
		Need to limit activities?	No
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Yes
		Comprehension	—

VOLUNTEER	
Volunteer Interests	—
How did you hear about ASPNM?	VA RT
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?	—
What skills do you have that you would consider contributing	—