



Mila Hernandez #25809

Last edited by Alex Grunstein on Nov 5 at 1:06 PM



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Generosity Indicator

All Time Annual Fiscal

\$0.00 Donations 0.00 Volunteer Hours \$82.50 Event Registrations

1 Event Attendance \$0.00 Memberships \$0.00 Soft Credits

\$0.00 Store Purchases

All Time Generosity Total \$82.50



Configure Edit

NAME	
First	Mila
Middle	—
Last	Hernandez
Preferred	Mila
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	Female
Birthday	Nov 20, 2019
Login	cyerges15 Last logged in: Dec 31 at 12:24 PM
Login Confirmed	—

CONTACT	
Phone	(608) 332-8731
Home	—
Work	—
Fax	—
SMS/MMS Number	(608) 332-8731
Email	cyerges15@gmail.com

Address	622 Claremont Ave NW Albuquerque, NM 87107
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	—

Address	Copy Map
Online	—

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	Carrie Yerges	Start year with ASPNM	2025
Emergency Contact Phone Number	6083328731	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	90,000 or more
Interested in winter program	—	Ethnicity	Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	—
		Are you considered a Wounded Warrior?	—
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	Not a Veteran
		Height	4'2
		Weight	110
		Type of Disability	Developmental Disability Vision impairment - partial
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Brain Cancer with Vision Loss
		What type of skiing/riding do you think you will be doing	Stand Up Skiing
		What functions are affected?	Vision, balance, coordination
		Current activities	swim
		Medications	desmopressin, levothyroxine, hydrocortisc
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	na
		Need to limit activities?	na
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	yes
		Comprehension	—
<b>VOLUNTEER</b>			
Volunteer Interests	—		
How did you hear about ASPNM?	Online Search		
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	—		