



**Mollie Dawson** #23913

Last edited by Binh Wakeford on Dec 16 at 1:01 PM



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**3.8/5**  
Generosity Indicator

All Time Annual Fiscal

\$0.00 Donations	0.00 Volunteer Hours	\$71.00 Event Registrations
13 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		

**All Time Generosity Total \$71.00**



Configure Edit

NAME	
First	Mollie
Middle	—
Last	Dawson
Preferred	Mollie
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	Female
Birthday	Dec 20, 1989
Login	Volcomsurfer619 Last logged in: Oct 27 at 10:40 AM
Login Confirmed	—

CONTACT	
Phone	(619) 599-6713
	—
	—
	—
	Fax
	(619) 599-6713
	SMS/MMS Number

Email	mollie.dawson89@gmail.com
	—
	—

Address	
	Copy Map
	5800 Eubank Blvd NE
	Apt 108
	Albuquerque, NM 87111
	—
	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	Given

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

Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	Brother/friend
Emergency Contact Name	James Hultman	Start year with ASPNM	2023
Emergency Contact Phone Number	(432) 290-4401	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	White
Staff Only: waiver due date	—	Military Service	Veteran
<b>VOLUNTEER</b>		DD-214 #	6151
Volunteer Interests	—	Are you considered a Wounded Warrior?	No
How did you hear about ASPNM?	—	Date of Injury	—
Why would you like to be a part of the ASPNM?	—	Which Military Branch did you serve in (select all the apply)	Army
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?	—	Height	5'2"
Have you ever taught Adaptive Sports of any kind?	—	Weight	260
Have you ever taught Skiing and/or Snow Boarding?	—	Type of Disability	Attention Deficit Disorder Hearing impairment - partial P.T.S.D.
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	back, hips, knees, and mental things (I can't do normal things and you won't know I'm in pain because it's always at a 4)
PSIA or AASI certification (or other professional Snowsport certification)	—	What type of skiing/riding do you think you will be doing	—
Summer Sports certifications, skills, and years experience?	—	What functions are affected?	Just slower but can usually still do everything
Summer Sports equipment owned?	—	Current activities	Recumbent biking, walking
Other sport skills/experience?	—	Medications	Too many to list
Non-sport Volunteer?	—	Seizures	No
What skills do you have that you would consider contributing	—	If yes, date of last seizure	—
		Food or medication allergies	No bacon, unless turkey bacon - sausage nothing spicy, no meat on the bone!
		Need to limit activities?	No
		Primary Care Physician name	Women's clinic
		Primary Care Physician phone	(505) 265-1711
		Health Insurance	Yes
		Ability to sense cold	Yes