



Molly Malleis #25822

Last edited by Alex Grunstein on Nov 5 at 1:07 PM



Messages

Notes

< Back

Find account section



About

Timeline

Household Contacts

Employment History

Relationships

Addresses 1

Data Privacy & Consent 10

Donations

Event Registrations 1

Memberships

Peer-to-Peer Fundraising

Store Orders

Notes

Activities

Grants

Prospects

Solicited Gifts

Invitations

Letters & Materials

Sent Emails 5

Text Messages 1

Mailchimp

Constant Contact

Eventbrite

Soft Credits

Volunteer

Volunteer Waivers

Survey Responses

Workflows

Receipts

3.8/5
Generosity Indicator

4/5
Affinity

4/5
Recency

3/5
Frequency

4/5
Monetary Value

All Time	Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$330.00 Event Registrations
1 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
All Time Generosity Total \$330.00		

Configure Edit

NAME	
First	Molly
Middle	—
Last	Malleis
Preferred	Molly
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	Oct 23, 2015
Login	jonas2015
Login Confirmed	—

CONTACT	
Phone	(616) 366-2909
	—
	—
	—
	Fax
	(616) 366-2909
	SMS/MMS Number
Email	mjmgr@protonmail.com
	—
	—
Address	2812 Sicomoro Rio Rancho, NM 87124
	—
	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	Matthew Malleis	Start year with ASPNM	2022
Emergency Contact Phone Number	616-813-2023	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	Prefer not to say
Interested in winter program	—	Ethnicity	Prefer not say
Ski Area	—	Race	Prefer not to say
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	3-11
		Weight	75 lbs
		Type of Disability	Spina Bifida
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Molly cannot walk, and has no sensation her waist.
		What type of skiing/riding do you think you will be doing	Sit Down Skiing - Bi-Ski
		What functions are affected?	Walking, some balance. She has no sensa below her waist.
		Current activities	biking swimming
		Medications	N/A
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	No
		Need to limit activities?	No
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	Yes, above the waist
		Comprehension	—

VOLUNTEER	
Volunteer Interests	—
How did you hear about ASPNM?	Through friends in the Adaptive Biking Program.
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	—