



**Morgan White** #24902

Last edited by Binh Wakeford on Jan 27 at 9:39 AM



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**4.1/5**  
Generosity Indicator

4/5  
Affinity

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Monetary Value

All Time	Annual	Fiscal
\$0.00 Donations	0.00 Volunteer Hours	\$310.00 Event Registrations
3 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
<b>All Time Generosity Total \$310.00</b>		

Configure Edit

NAME	
First	Morgan
Middle	—
Last	White
Preferred	Morgan
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	Jan 4, 1990
Login	morgankw Last logged in: Feb 26, 2025 at 12:01 PM
Login Confirmed	—

CONTACT	
Phone	(505) 595-5732
	(505) 254-1490
	—
	—
	Fax
	—
	SMS/MMS Number
Email	sausty401@gmail.com
	—
	—
Address	620 Jefferson St NE Albuquerque, NM 87110
	—
	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	Not Asked

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

Texting ok at Phone 1?	No	Start year with ASPNM	2001
Emergency Contact Name	Susan White	Seasons with ASP	—
Emergency Contact Phone Number	505-254-1490	Annual Household Income	Less than 30,000
Interested in summer program	—	Ethnicity	Not Hispanic or Latino
Interested in winter program	—	Race	White
Ski Area	—	Military Service	None
Staff Only: waiver due date	—	DD-214 #	N/A
<b>VOLUNTEER</b>		Are you considered a Wounded Warrior?	No
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	internet	Which Military Branch did you serve in (select all the apply)	—
Why would you like to be a part of the ASPNM?	—	Height	5' 4"
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?	—	Weight	150
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	Autism Hearing impairment - partial
Have you ever taught Skiing and/or Snow Boarding?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Motor planning & visual-spatial integrator
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	Sit Down Skiing - Bi-Ski
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	balance
Summer Sports certifications, skills, and years experience?	—	Current activities	special olympics bowling Physical therapy
Summer Sports equipment owned?	—	Medications	levothyroxine Duloxetine Mirtazapine Buspirone
Other sport skills/experience?	—	Seizures	No
Non-sport Volunteer?	—	If yes, date of last seizure	—
What skills do you have that you would consider contributing	—	Food or medication allergies	None known
		Need to limit activities?	No
		Primary Care Physician name	Dr. Casey Carroll
		Primary Care Physician phone	505-462-6400
		Health Insurance	Yes
		Ability to sense cold	Good