



Nathan Alcatara-Quintana #25069

Last edited by Alex Grunstein on Jun 18 at 2:52 PM



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Generosity Indicator

4/5 Affinity 2/5 Recency 1/5 Frequency 1/5 Monetary Value

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	Nathan
Middle	—
Last	Alcatara-Quintana
Preferred	Nathan
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	Male
Birthday	Aug 26, 2008
Login	AlcataraNathan
Login Confirmed	—

CONTACT	
Phone	(505) 919-8174
Home	—
Work	—
Fax	—
SMS/MMS Number	—
Email	francisaquintana070@gmail.com
Address	8 Bronze Sky Santa Fe, NM 87506
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	Mom

Texting ok at Phone 1?	Yes	Start year with ASPNM	2024
Emergency Contact Name	Daniela	Seasons with ASP	—
Emergency Contact Phone Number	5059198174	Annual Household Income	Less than 30,000
Interested in summer program	—	Ethnicity	Hispanic or Latino
Interested in winter program	—	Race	White
Ski Area	—	Military Service	None
Staff Only: waiver due date	—	DD-214 #	—
VOLUNTEER		Are you considered a Wounded Warrior?	No
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	school	Which Military Branch did you serve in (select all the apply)	Not a Veteran
Why would you like to be a part of the ASPNM?	—	Height	5'11
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	212
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	Autism
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.	The identified area of need are communic
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	Cognitive
Summer Sports certifications, skills, and years experience?	—	Current activities	Bowling, Walking
Summer Sports equipment owned?	—	Medications	None
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
		Need to limit activities?	None
		Primary Care Physician name	Arroyo Chamiso Pedi
		Primary Care Physician phone	5059954901
		Health Insurance	Yes
		Ability to sense cold	yes
		Comprehension	Good
		Hearing/Vision	good
		Verbal communication	good