



Steve Martinez #25327
Last edited by Binh Wakeford on Dec 16 at 1:05 PM

Messages Notes

3.6/5

Generosity Indicator

All Time Annual Fiscal

\$0.00

Donations

0.00

Volunteer Hours

\$0.00

Event Registrations

3

Event Attendance

\$0.00

Memberships

\$0.00

Soft Credits

\$0.00

Store Purchases

All Time Generosity Total \$0.00

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NAME	
First	Steve
Middle	—
Last	Martinez
Preferred	Steve
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	Jul 14, 1963
Login	Mtzinne.comcast.net Last logged in: Oct 27 at 10:14 AM
Login Confirmed	—

CONTACT	
Phone	(505) 250-4876
	—
	—
	—
	Fax
	(505) 250-4876 ... SMS/MMS Number

Email	Mtzinne@comcast.net ...
	—
	—

Address	
	Copy Map
	7905 Morris Rippel Pl NE Albuquerque, NM 87122
	—
	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	Declined

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

https://adaptivesportsprogram.app.neoncrm.com/admin/accounts/25327/about

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Texting ok at Phone 1?	Yes	Athlete contact person relationship to Athlete	—
Emergency Contact Name	Cris Martinez	Start year with ASPNM	2023
Emergency Contact Phone Number	505 250 1405	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	45,000-89,999
Interested in winter program	—	Ethnicity	Hispanic or Latino
Ski Area	—	Race	White Prefer not to say
Staff Only: waiver due date	—	Military Service	Veteran
		DD-214 #	9641
VOLUNTEER		Are you considered a Wounded Warrior?	No
Volunteer Interests	—	Date of Injury	—
How did you hear about ASPNM?	VA	Which Military Branch did you serve in (select all the apply)	Air Force Army
Why would you like to be a part of the ASPNM?	—	Height	5' 9"
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	185
		Type of Disability	Vision impairment - partial
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Missing right eye
Have you ever taught Adaptive Sports of any kind?	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
Have you ever taught Skiing and/or Snow Boarding?	—	What functions are affected?	Depth perception, discomfort
		Current activities	Stairs, walking
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Medications	No
		Seizures	No
PSIA or AASI certification (or other professional Snowsport certification)	—	If yes, date of last seizure	—
		Food or medication allergies	No
Summer Sports certifications, skills, and years experience?	—	Need to limit activities?	No
Summer Sports equipment owned?	—	Primary Care Physician name	Katrina Grant
Other sport skills/experience?	—	Primary Care Physician phone	505 462 6600
Non-sport Volunteer?	—	Health Insurance	Yes
What skills do you have that you would consider contributing	—	Ability to sense cold	No
		Comprehension	Yes