



Steve Mondragon #25927

Last edited by Binh Wakeford on Dec 16 at 4:01 PM



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Generosity Indicator



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 | Steve |
| Middle | — |
| Last | Mondragon |
| 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 | — |
| Source | Online/Internet |
| Household | — |
| Employment | — |
| Gender | Male |
| Birthday | Jan 1, 1985 |
| Login | SteveMondragon5000@gmail.com |
| Login Confirmed | — |

| CONTACT | |
|---------|--|
| Phone | (719) 580-7091 |
| | — |
| | — |
| | — |
| | Fax |
| | (719) 580-7091 |
| | SMS/MMS Number |
| Email | SteveMondragon5000@gmail.com |
| | — |
| | — |
| Address | 10645 Valedon Lane SW Albuquerque, NM 87121 |
| | — |
| | 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 | Ana Mondragon | Start year with ASPNM | 2025 |
| Emergency Contact Phone Number | 7195807122 | Seasons with ASP | — |
| Interested in summer program | — | Annual Household Income | Prefer not to say |
| Interested in winter program | — | Ethnicity | Hispanic or Latino |
| Ski Area | — | Race | Prefer not to say |
| Staff Only: waiver due date | — | Military Service | Veteran |
| | | DD-214 # | 4689 |
| | | Are you considered a Wounded Warrior? | — |
| | | Date of Injury | — |

| | | | |
|---|-------------|---|-------------------------------------|
| VOLUNTEER | | | |
| Volunteer Interests | — | Which Military Branch did you serve in (select all the apply) | Army |
| How did you hear about ASPNM? | VA hospital | Height | 5'8" |
| Why would you like to be a part of the ASPNM? | — | Weight | 150 LBs |
| 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? | — | Type of Disability | Attention Deficit Disorder Other |
| | | Description of disability. Please include anything that you would like ASP to know that has not been addressed. | Type 1 diabetes |
| 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? | None |
| Taught Adaptive Ski/Snowboard prior to ASPNM? | — | Current activities | Walking jogging |
| PSIA or AASI certification (or other professional Snowsport certification) | — | Medications | Insulin's |
| Summer Sports certifications, skills, and years experience? | — | Seizures | No |
| Summer Sports equipment owned? | — | If yes, date of last seizure | — |
| Other sport skills/experience? | — | Food or medication allergies | None |
| Non-sport Volunteer? | — | Need to limit activities? | No |
| What skills do you have that you would consider contributing | — | Primary Care Physician name | — |
| | | Primary Care Physician phone | — |
| | | Health Insurance | — |
| | | Ability to sense cold | Yes |
| | | Comprehension | — |