



Thomas Rabatin #24738

Last edited by Binh Wakeford on Dec 16 at 4:04 PM



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All Time	Annual	Fiscal
\$51.96 Donations	0.00 Volunteer Hours	\$175.00 Event Registrations
21 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		
All Time Generosity Total \$226.96		

Configure Edit

NAME	
First	Thomas
Middle	—
Last	Rabatin
Preferred	Thomas
Prefix	—
Suffix	—
Salutation	—

MEMBERSHIP	
Account Current	—
Membership Status	—
Membership Term	—
Membership Level	—
Membership Directory	—
Directory Opt-In Status	Opted In

ACCOUNT DETAILS	
Type	Athlete
Source	Online/Internet
Household	—
Employment	—
Gender	Male
Birthday	Feb 14, 1954
Login	ThomasRabatin Last logged in: Oct 31 at 9:18 AM
Login Confirmed	—

CONTACT	
Phone	(505) 850-9602
	—
	—
	—
	Fax
	—
	SMS/MMS Number
Email	thomasrabatin@yahoo.com
	—
	—
Address	9420 Freedom Way NE Albuquerque, NM 87109 Bernalillo 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
Athlete contact person relationship to Athlete	—

Texting ok at Phone 1?	—	Start year with ASPNM	2023
Emergency Contact Name	Lan (wife)	Seasons with ASP	—
Emergency Contact Phone Number	505-850-6071	Annual Household Income	—
Interested in summer program	—	Ethnicity	Not Hispanic or Latino
Interested in winter program	—	Race	White
Ski Area	—	Military Service	Veteran
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?	—	Which Military Branch did you serve in (select all the apply)	Army
Why would you like to be a part of the ASPNM?	—	Height	5' 2"
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	140
Have you ever taught Adaptive Sports of any kind?	—	Type of Disability	—
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.	compressed discs, ACL injury, knee brace, repair
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	What type of skiing/riding do you think you will be doing	—
PSIA or AASI certification (or other professional Snowsport certification)	—	What functions are affected?	none
Summer Sports certifications, skills, and years experience?	—	Current activities	exercise weight lifting 6 days/week , bike each day
Summer Sports equipment owned?	—	Medications	—
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?	—
		Primary Care Physician name	—
		Primary Care Physician phone	—
		Health Insurance	—
		Ability to sense cold	—
		Comprehension	—
		Hearing/Vision	wears hearing aids