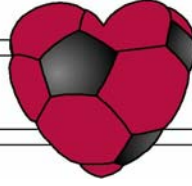


KICK START



MY HEART

Automated External Defibrillator (AED) Application Form

General Criteria: The decision for the AED donation will be based on population and probability. In other words, how many people use the facility and how probable is it that a cardiac emergency event will occur in this population. We realize that a cardiac arrest can occur anywhere, at any time, but priority for placement will be given to facilities with high attendance and/or high risk populations.

Application Form	
Name of facility	
Address	
City	
Zip	
Website address/URL	
Contact person	
Contact telephone number	
Type of usage in facility (Include type of activities, number and age of athletes, and number and age of spectators)	
Why does your facility want to implement an AED?	
Is your facility willing to help promote the Kick Start My Heart foundation and help raise money to fund even more AED's? List your preferred ways below (See the attached sheet for ways to assist our foundation)	
<i>\$750 'Pay It Forward' donation required to be placed on the waiting list for AED, wall cabinet, accessories and training package. Please make check out to: 'Well Nourished Foundation' and mail to: Kick Start My Heart, 2537 Evans Ave, Louisville, CO, 80027.</i>	

If your application is accepted, your facility will be listed on our website at www.kickstartmyheart.org as an AED placement partner. List any information or comments below that you would like us to consider posting to the website.

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General Notes: If your facility is chosen for an AED donation, you will be required to follow state regulations in regard to AED implementation. A copy of the state AED law is attached for specific details. The highlights of the law are listed below:

- Designate onsite person to act as AED coordinator and maintain unit.
- Provide annual certification for designated AED responders in CPR/AED through state-approved program. Discounted training can be obtained through Kick Start My Heart.
- Maintain Medical Director relationship when required.

Signature of Agreement	
Facility representative (Print name)	
Facility representative (Signature)	
Position/role with facility	
Date	

Office Use Only	
Date received	
Reviewed by	
Approved by	
Date implemented	
AED coordinator	
Training completed date	
Certification type	
Unit type	