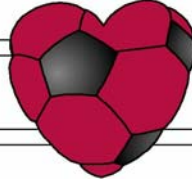


**KICK START**



**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	
<b>Type of usage in facility</b> (Include type of activities, number and age of athletes, and number and age of spectators)	
<b>Why does your facility want to implement an AED?</b>	
<b>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</b> (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 \$3,000 Philips AED, wall cabinet, accessories and training package. Please make check out to: 'Well Nourished Foundation' and mail to: Kick Start My Heart, 7985 Vance Dr, #103, Arvada, CO, 80003.</i>	

If your application is accepted, your facility will be listed on our website at [www.kickstartmyheart.org](http://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 HeartSmart, Inc. @ 303-456-8543.
- Maintain Medical Director relationship when required (FRX unit).

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	OnSite Package / FRX Package