Application for Donation of Automated External Defibrillator

Thank you for considering the need for an automated external defibrillator at your organization. Please complete the application below and submit for approval by either emailing to mvs.dragonheart@gmail.com or by mailing to 37 Wadsworth Lane, Wallingford, CT 06492.

Name of Organization: _________________________________________________________________

Address of Organization: ______________________________________________________________

Contact person at Organization: _______________________________________________________

Phone Number Contact Person: _________________________________________________________

Email Address of Contact Person at Organization: _________________________________________

Nature of Organization: ______________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Number of Employees: _________________________

Number of people served daily: __________________________

Percentage of adults and percentage of children served daily: _____________________________

Please identify the average amount of time people are served by your organization on a daily basis:

____________________________________________________________________________________

Please list your business hours: _________________________________________________________

Does your organization/facility currently have an AED onsite? _____________________________

If so, how many? ________________________________

Where are they located/stored? _________________________________________________________
Are there people who congregate at your facility who are at risk for sudden cardiac death because of one of a number of factors: age, strenuous activity such as athletics, large number of people in attendance etc? ________________________________

If so, please explain: ________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Are there employees at your facility/organization who are trained in CPR and/or AED use?

________________________________________________________________________________

If so, how many? __________________________

If not, can your facility/organization commit to providing CPR/AED certification training for employees? ______________________________

If so, please identify the total anticipated number of individuals to be trained in the provision of CPR/AED: ________________________________

Can your facility/organization commit to having a designated contact to oversee the administrative aspects of AED ownership (ex: making sure the device is checked monthly, replacing batteries and pads as needed and coordinating CPR/AED training courses)? ________________________________

________________________________________________________________________________

Public access AEDs should be available in public areas, usually in a wall mounted box. Do you have an area available for this and is it reasonably secure to discourage theft?

________________________________________________________________________________

Briefly describe the setting where the AED will be located: ________________________________

________________________________________________________________________________

________________________________________________________________________________

Please provide any other information which you feel makes your organization/facility a compelling candidate for donation of an AED (feel free to attach additional sheets of paper, if necessary):

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

How did you hear about us? ________________________________

Name of Person Completing Application ___________________________ Date ________________