MICHAEL VINCENT SAGE
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DRAGONHEART FOUNDATION, INC.

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