



## Kickstart My Heart Automated External Defibrillator (AED) Application Form

### Program Description:

- This is a “buy in” donation program. For a \$500 donation, applicants will receive a full AED package including the device, a two-year maintenance program and training/certifications for up to 10 employees, coaches, parents or administrators of the organization.
- Teams, Clubs, Schools or Facilities must fill out the application, meet all requirements and provide a \$500 donation to be eligible for placement.
- Eligible applicants will be placed on the wait list and as funds and/or sponsors become available, packages will be placed.

### Eligibility Requirements:

- Eligible entities include: Youth sports teams, clubs, facilities and schools.
- Applicant must show a lack of AED coverage for proposed site.
- Applicant must provide a \$500 “buy in” donation and completed application to be eligible and added to the Kickstart My Heart placement list.

### Approved Applicant Requirements:

If your facility is chosen for an AED donation, you will be required to:

- Designate an onsite person to act as AED coordinator and primary contact.
- Follow state regulations in regards to AED implementation and maintenance. A copy of all state AED laws can be found at <http://playwithheart.org/programs/kickstart-my-heart/>.
- Provide recommended certifications and training for designated AED responders in CPR/AED through a state-approved program. For a list of approved providers, please contact us at [info@playwithheart.org](mailto:info@playwithheart.org).

### All applications can be mailed to:

Attn: Play With Heart Foundation  
7985 Vance Dr. #103  
Arvada, CO, 80003

Or emailed to [info@playwithheart.org](mailto:info@playwithheart.org) Subject line: **Kickstart My Heart**



Application Form	
Name of Facility/Team:	
Address:	
City:	
Zip Code:	
State:	
Website Address/URL:	
Primary Contact Person:	
Telephone Number:	Email:
Please help us support the Play With Heart Foundation. How can you help? Please Check All That Apply:	
Participating in Annual Fundraisers (Golf Tournament and Dinner/Dance) <input type="checkbox"/>	
Volunteering <input type="checkbox"/> Cross Promotions <input type="checkbox"/> Website Link Exchange <input type="checkbox"/>	
Other:	
Signature of Agreement	
Facility/Team Representative (Print Name):	
Facility/Team Representative (Signature):	
Position/Role with Facility/Team:	
Date:	
Donation Payment	
How will you make the required \$500 donation? (please check one) Payment and completed application are necessary before the applicant is eligible for placement.	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
If a check, please make payable to: <i>Play With Heart Foundation</i>	
Credit Card payments can be made over the telephone. Please call 303.506.8182 to make your payment.	

Office Use Only
Date Received:
Approved By:
Date Implemented:
AED Coordinator:
Training Date:
Unit Type: