

HERO RESPONSE FORM



Please tell us about your Heroic act of saving another person's life by performing CPR and using an AED. This will help to determine your eligibility for a Hero Award, which will be given at the 7th Annual "CPR/AED Awareness" day to be held on Sunday, June 4, 2017 .

NAME OF HERO: _____

(IF MORE THAN ONE HERO, PLEASE ATTACH ADDITIONAL FORMS WITH CONTACT INFORMATION.)

ADDRESS: _____

PHONE: _____

EMAIL: _____

DATE OF CARDIAC EVENT: _____

ARE YOU A PROFESSIONAL RESCUER: (i.e., EMT, PARAMEDIC, DOCTOR, NURSE, POLICE OFFICER, FIREFIGHTER): YES / NO

OCCUPATION: _____

DESCRIBE THE EVENT: _____

Use back of form if more _____

Space is needed. _____

WAS AN AED USED?: YES / NO

BY WHOM: _____

PLEASE RETURN TO: LIFEFORCE FOUNDATION

5 ROE LANE

HOWELL, NJ 07731

RETURNED NO LATER THAN:

MONDAY, MAY 15, 2017

FOR CONSIDERATION