

KEVS Foundation AED Application

The KEVS Foundation was created in memory of Kevin J. Major. The mission of KEVS Foundation is to increase knowledge of hands only CPR and increase awareness and availabilities of AED's in our community.

Eligibility Requirements:

- Youth Organizations, Schools, or Youth Program(s) must be in of Western Massachusetts (Hampden, Hampshire, Franklin, or Berkshire County).

The KEVS Foundation does not discriminate against race, sex, religion, national origin or sexual orientation. KEVS Foundation reserves the right not to award an AED in any given year. Applications that are handwritten must be legible or they will be returned to you and not considered.

Application Process:

1. Print, completely fill out, and return the application and "Assignment of Rights & Consent to Publish" to the address provided below.
2. The KEVS Foundation board of Directors will review all applications.
3. The board will decide to whom the AED should be granted to and you will be notified in a timely manner of the status of your application.
4. If selected the KEVS Foundation will order and gift one AED to your organization.
5. **ALL SELECTED** Applicants **MUST** perform an awareness program with their organization either before or on the day of the AED donation.

Examples:

Have all Coaches certified in CPR.

Hold a Hands Only CPR/AED Class.

Have students, parents, volunteers learn the signs and symptoms of Sudden Cardiac Arrest in Youth.

ADDRESS

PO Box 27 Southampton, MA 01073-0027

PHONE

413-237-5039

EMAIL

KEVSFoundation@gmail.com

WEB

www.KEVFoundation.com

KEVS FOUNDATION, INC.

APPLICATION

Organization, School, or Program Information:

Name of Youth Organization/School/Program: _____

Name of Contact Person requesting AED: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

How did you hear about KEVS Foundation? _____

Why should your Youth Organization, School, or program be considered for and AED? _____

How and were will the AED be used/placed, if granted? _____

If granted an AED will you provide training for your organization, school, facility? _____

How will you conduct said training? _____

Approximately how many persons do you believe would have access to the AED? _____

KEVS FOUNDATION, INC.

*Please feel free to attach additional sheets of paper to fully reply to the above questions or any additional comments you might feel would be pertinent to your request for an AED.

This Application is being Submitted by: _____

(Print)

(Name of Youth Organization, School, Facility)

(Sign & Date)

Mail your application to:

KEVS Foundation, Inc.
P.O. Box 27
Southampton, MA 01073-0027
Attn: AED

All applications will be reviewed in a timely manner and assessed based on need and current funds available.

KEVS FOUNDATION, INC.

ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH AED Grant INFORMATION

KNOW ALL PERSONS BY THESE PRESENTS:

That I (we), _____ do hereby give KEVS Foundation full rights to publish our name, where we are located (city, state, and country only; actual street addresses and phone numbers will not be disclosed), our pertinent program, organization, school, facility information.

I (we) understand that by execution of this agreement, I (we) am (are) relinquishing my (our) rights to any future compensation for reproduction, publication or use of the above information by KEVS Foundation in its print or electronic correspondence, tournament, or on its website.

I (we) hereby specifically waive my (our) right to review or approve THE MODIFICATION of the above Information. (Modifications may be made to accommodate size or content restrictions. Modifications will not be made to "distort" or "falsify" any information provided.)

I understand that this Agreement in no way obligates Kevin J. Major Youth Sports Foundation to publish or use the above-described information.

EXECUTED this _____ day of _____, 20____ at _____.

By: _____
(Print Name)

(Signature)

Witness: _____
(Print Name)

(Signature)