



## **GREATER MIDWEST AFFILIATE AMERICAN HEARTSAVER DAY NOMINATION FORM**

**Nominate an American Heartsaver!** This March, the American Heart Association will recognize heroes who have stepped forward to help save a life by using cardiopulmonary resuscitation (CPR) and/or an automated external defibrillator (AED), regardless of the outcome. The award is also given to individuals, organizations or municipalities that took steps to strengthen the chain of survival in their community within the past year.

**NOMINEE INFORMATION** *(Complete this section to nominate an individual who has attempted to save a life by performing CPR or by using an automated external defibrillator (AED), regardless of the outcome of the event.)*

-  
**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Day Telephone Number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Was the rescuer trained in CPR?**  YES  NO **Did the rescuer have AED training?**  YES  NO

**Date of rescue:** \_\_\_\_\_

**Location (city, county)** \_\_\_\_\_

**Circumstances (Include details of who, what, when and where. Indicate if EMS System was activated). Use additional paper if necessary.**

\_\_\_\_\_  
\_\_\_\_\_

**Has the survivor been informed about this nomination?** YES NO

*Survivors interested in participating in the award presentation should contact (name) at the American Heart Association by calling (952-278-3605) or sending an e-mail to [sueling.schardin@heart.org](mailto:sueling.schardin@heart.org).*

**STRENGTHEN THE CHAIN OF SURVIVAL** *(Complete this section to nominate an individual, organization, municipality, or community leader who has taken significant steps to strengthen the chain of survival, for example, by placing a large number AEDs in business or community.)*

**Name of corporation/organization, municipality, or community leader:**

\_\_\_\_\_

**Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

\_\_\_\_\_

**Day Telephone Number:** \_\_\_\_\_

**E-mail, if available:** \_\_\_\_\_

**Describe actions taken that have helped to strengthen the chain of survival:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-  
-  
-  
-

**Nominated by:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Day Telephone Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Please mail, fax or e-mail your nomination form to:**  
Sueling Schardin, Health Initiatives Director  
4701 W. 77<sup>th</sup> Street; Minneapolis, MN 55435  
Fax: 952-835-5828 – E-mail: [sueling.schardin@heart.org](mailto:sueling.schardin@heart.org)  
Phone: 952-278-3605