



Office of the
Staten Island
Borough President
James S. Oddo

Memorandum

To: Small Businesses
From: James S. Oddo

Thank you for expressing an interest in receiving a free Automated External Defibrillator (AED). Please complete the following application in its entirety and return it to us by December 15, 2016.

The importance of AED's cannot be overstated, and I am pleased that you share my belief in their necessity. The fact is that the presence of an AED in a business makes it more likely that a person suffering sudden cardiac arrest will survive.

This offer is limited to businesses with fewer than 25 full time employees. If you are a business with more than 25 employees, while we cannot offer a free device, I still urge you to look into purchasing an AED; the cost is small when compared to the value of a human life.

As a condition for receiving a free AED, we ask that you ensure that your employees are trained in CPR/AED by a New York State certified provider. We can provide information about where and how to receive such training at a reduced rate, and while it is not necessary to provide us with such proof when submitting this application, it will be necessary before the AED will be given to you.

Thank you for applying!



APPLICATION FOR AUTOMATED EXTERNAL DEFIBRILLATOR

10 Richmond Terrace, Room 125, Staten Island, NY 10301
718-816-2000 www.statenislandusa.com

DATE: _____

1. NAME OF BUSINESS: _____
(Please print)

2. BUSINESS ADDRESS: _____
(Street)

(Borough)

(State)

(Zip Code)

3. HOW LONG HAS BUSINESS BEEN OPERATING: _____

4. HOW MANY EMPLOYEES DOES BUSINESS EMPLOY? FULL TIME _____ PART TIME _____

5. TELEPHONE: () _____ () _____
(Business) (Cell)

6. EMAIL ADDRESS: _____
(Email Address)

7. NAME(S) OF BUSINESS PRINCIPAL(S):

8. DO YOU AGREE, AS A CONDITION FOR RECEIVING A FREE AUTOMATED EXTERNAL DEFIBRILLATOR (AED), TO ENSURE YOUR EMPLOYEES ARE TRAINED AND RECEIVE CPR/ AED CERTIFICATION FROM A NYS APPROVED PROVIDER PRIOR TO RECEIVING THE AED?

YES ___ NO ___

SIGNATURE: _____

DATE: _____

Please send the completed, signed application to the following address:

Office of the Staten Island Borough President

Attention: Marie Carmody-LaFrancesca

10 Richmond Terrace, Room 125

Staten Island, NY 10301

mlafrancesca@statenislandusa.com

For additional information please contact Marie Carmody-LaFrancesca at the Borough President's Office at mlafrancesca@statenislandusa.com or (718) 816-2141.

