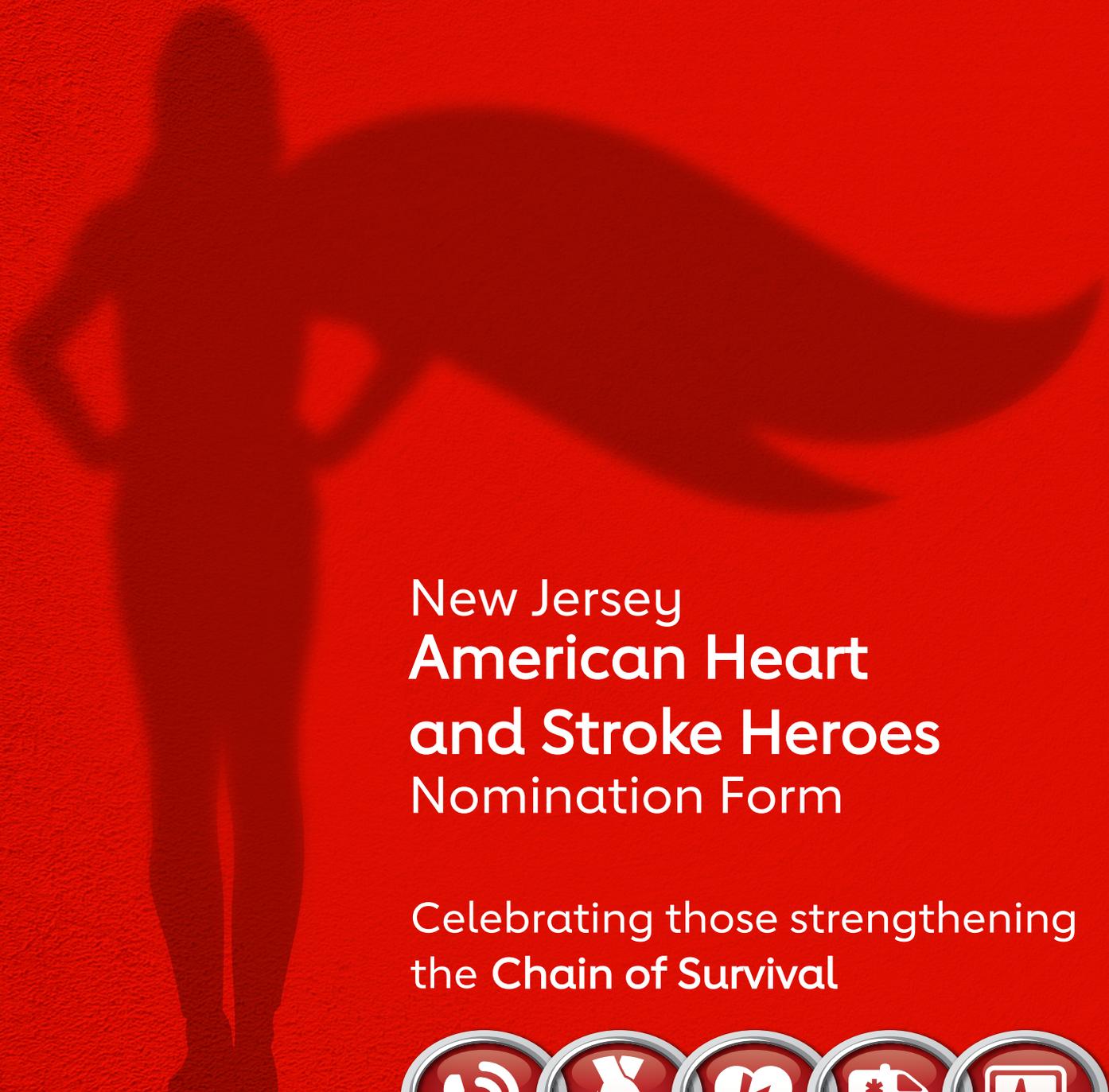




American Heart Association®
Heart & Stroke Heroes™



New Jersey American Heart and Stroke Heroes Nomination Form

Celebrating those strengthening
the Chain of Survival



Early
Access

Early
CPR

Early
Defibrillation

Early
Advanced
Care

Integrated
Post Cardiac
Care

www.heart.org/NJHeartStrokeHeroes

New Jersey American Heart and Stroke Heroes

What is the New Jersey American Heart and Stroke Heroes Recognition Program?

This program celebrates those who are working to strengthen the American Heart Association and American Stroke Association Chain of Survival.

- Individuals who recognize and respond in a stroke or cardiac emergency.
- People, organizations or businesses who increase the awareness, education or accessibility of CPR training and Automatic External Defibrillators (AEDs).
- People or groups who empower the public to recognize cardiac or stroke emergencies through education.

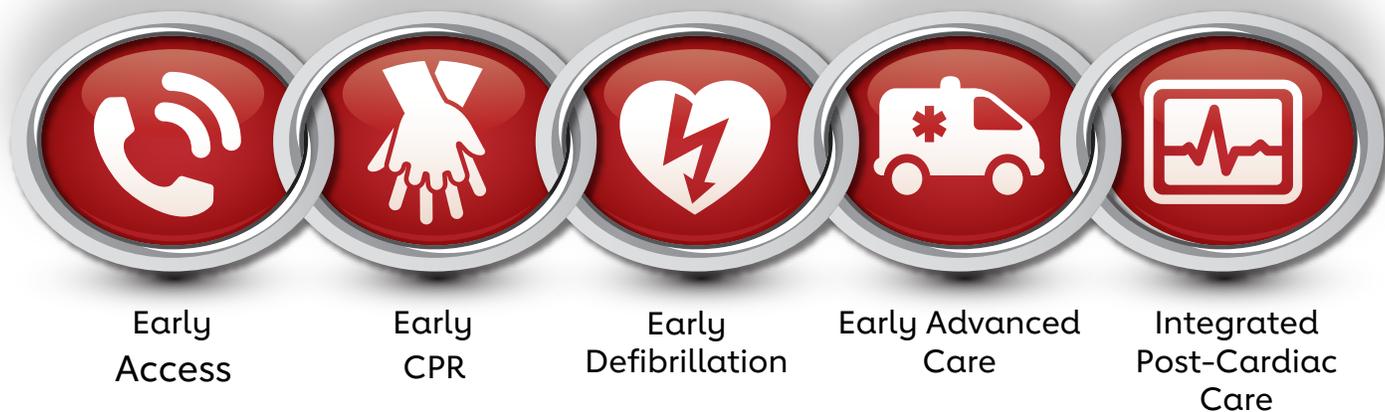
Who can be a New Jersey American Heart or Stroke Hero?

- Individuals (children or adults), organizations and businesses in New Jersey who made rescue efforts or took extraordinary steps to strengthen the American Heart Association and American Stroke Association Chain of Survival within the January 2017 to present day timeframe.
- Anyone who performs CPR or defibrillation, who has acted in a good faith effort to help save a life regardless of the outcome.
- Anyone who recognizes a stroke or cardiac emergency and activates the Chain of Survival by calling 9-1-1.
- **Off-duty** police, security, fire, rescue, EMS or medical professionals who strengthen the Chain of Survival.
- People or groups who take extraordinary measures to educate others on the Chain of Survival, including the recognition of a stroke or cardiac emergency.

All individuals or groups recognized must be willing to have their experience included in promotional materials, publicity, social media, programming, collateral and other use as determined by the American Heart Association and American Stroke Association.

When will nominees be recognized?

Nominees selected to receive the New Jersey Heart or Stroke Hero Award will be recognized at the state-wide celebration on Wednesday, September 25, 2019 at the Mercer Oaks Country Club in Princeton Junction, NJ.



New Jersey American Heart and Stroke Heroes Nomination Form

PLEASE RETURN APPLICATION TO THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION, ATTN: COMMUNITY IMPACT-HEART AND STROKE HERO AWARDS, 1 UNION STREET, SUITE 301, ROBBINSVILLE, NJ 08691 OR NEWJERSEY@HEART.ORG BY MONDAY, JULY 8, 2019.

Awardees will be notified via email and mail, so please print or type clearly and ensure all addresses are accurate.

INDIVIDUAL(S) NOMINATION

(If nominating more than two individuals, please copy this form and attach additional documentation.)

Name: _____ Age (if minor): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell: _____

Email: _____

Occupation: _____

How did nominee strengthen the Chain of Survival?

- Called 9-1-1? Performed CPR? Used an AED? Train others on the Chain of Survival
 Other

Name: _____ Age (if minor) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell: _____

Email: _____

Occupation: _____

How did nominee strengthen the Chain of Survival?

- Called 9-1-1? Performed CPR? Used an AED? Train others on the Chain of Survival?
 Other

GROUP(S) OR BUSINESS(ES) NOMINATION

(If recognizing more than one group or business, please copy this form and attach additional documentation)

Name of Group or Business: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business/Group Point of Contact: _____

Contact's Phone: _____

Contact's Email: _____



Description

Describe in detail the rescue effort or commitment made to strengthen the Chain of Survival:

PLEASE ATTACH UP TO 2 ADDITIONAL SHEETS IF MORE SPACE IS NEEDED.



American Heart Association.

Heart & Stroke Heroes™

If nominee is selected as an awardee, survivor will be invited to attend the celebration ceremony

Name of Cardiac or Stroke Survivor (if applicable): _____ Age (at time of rescue): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Person Submitting Recognition Form

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship to Nominee: _____

How did you know about this save, attempted save or activity to strengthen the Chain of Survival?

I attest to the accuracy and validity of all information contained within this recognition form. I understand that information contained within this form may be verified by a member of the American Heart and Stroke Hero Award Committee or by an American Heart Association and American Stroke Association staff member, and that all awards decisions are final.

Signature

Today's Date

For more information contact the American Heart Association & American Stroke Association
New Jersey office: 609.223.3734
www.heart.org/NJHeartStrokeHeroes

Return completed recognition form to:
American Heart Association & American Stroke Association
Attn: Community Impact-Heart and Stroke Hero Awards
1 Union Street, Suite 301, Robbinsville, NJ 08691
or NewJersey@heart.org (Please use Heart and Stroke Hero in the subject line)



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