



**LETTER OF AGREEMENT TO SERVE AS A SARATOGA NATIONAL CEMETERY HONOR
GUARD VOLUNTARY CPR/AED RESPONDER**

Volunteer CPR/AED Responder Form

Name: _____

I volunteer as an Automated External Defibrillator (AED) responder. I agree that all duties associated with being a volunteer AED responder will be considered by the HGA as part of my regular assigned duties. This includes responding to an individual suffering from sudden cardiac events (SCA) inflicting any SNCHGA member, NCA employee, volunteer, or visitor on the cemetery property during normal operating hours. As an AED emergency responder:

- I will act in accordance with the training I receive on cardiopulmonary resuscitation (CPR) and AED use
- I will follow the emergency response plan established at the cemetery
- I will ensure my training in CPR and AED is current and will refresh my training every 2 years if I continue to volunteer as an responder
- I understand that HGA will provide me training in CPR and AED for use
- I understand that my decision to aid someone with CPR or AED is completely within my own discretion and I will not be penalized for not rendering aid in the form of CPR or AED. However, I must follow the standard emergency protocol requiring me to report the emergency, call for help, or dialing 911
- At any time, I can discontinue my volunteer position by informing the HGA Commander and AED Program Coordinator and signing this form thus officially ending my role as a volunteer AED responder

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|-------------------------------|------|------------------------|------|
| Volunteer Responder Signature | Date | HGA Official Signature | Date |
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I hereby discontinue my participation as a volunteer AED responder for the HGA AED program.

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| Member Signature | Date | HGA Official Signature | Date |
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