



NAD Adventist Community Services
9705 Patuxent Woods Drive | Columbia | MD | 21046
Ph.: 443-391-7253 FAX: 443-259-4888
E-mail: acs@nadadventist.org

Instructions for Taking ACS Credential Photos

Digital is the accepted format to send your photos for ACS DR Credentials. Experiment with your camera and get familiar with the way that it works. Remember you can check your picture on a digital camera very quickly and redo it if the subject blinked, the picture is blurry or the subject does not like their picture.

If you have questions call the office at 443-391-7253.

1. Background – a solid color background that does not reflect light is best. A royal blue piece of material draped over a door makes a great background.
2. Make sure the subject is in **focus**.
3. Take a close up of the subject. What is needed is a shot of head and shoulders. No lower than the middle of the chest. **Please do not crop**, we will crop to size needed to work on badge.
4. Put the digital pictures on a CD Rom or USB Thumb Drive or contact us for information how to send electronically, such as drop box / box etc.
5. Always **keep a backup copy** of the photos and the applications. They can get lost in the mail.
6. **Label each file with the person's name** that will make sure we get the right picture with the name.
7. We will mail the ACS DR Credential directly to the individual, unless otherwise directed.
8. If you wish to be notified when we have mailed the badges please include an e-mail address with your request.
9. We are unable to process the ACS DR Credential without the Date of Birth and the Driver's License Number. We can use the number from Social Security, Passport, Permanent Resident Card, State ID or other official Government issued ID in place of Driver's License number.
10. We must have a **complete & correct mailing address** with Zip Code to mail the ACS DR Credential.
11. Please ask applicants to **print clearly**. Make sure that the information is readable and complete.



Photo Certification Application

Name of Trainer _____ Date _____

Location of Training _____

<i>For office use only</i>	Photo Number _____
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PLEASE PRINT CLEARLY

*Name _____

*Mailing Address _____

*City / ST / Zip _____

Home Phone _____

Mobile Phone _____

E-mail _____

*Date of Birth _____

*Drivers License # _____
(include State/Prov. abbreviation)

*Conference _____

I certify that I have completed the following ACS Disaster Response courses:

Date Completed	Date Completed
Intro. to Disaster Preparedness: _____	ACS Leadership: _____
Donations Operations: _____	Warehouse Management: _____
Forklift Safety Certification: _____	Amateur Radio Call Sign: _____
	Other: _____

Applicant Signature: _____

Position: Disaster Response Volunteer or _____
(write in alternate title if approved by Conference Director)

*Approved by: _____
Conference Disaster Response Coordinator

*Required Photo Credential \$15.00

ID is valid for three (3) years. Funds are to be payable to NAD ACS for processing.
Send to: NAD ACS | 9705 Patuxent Woods Drive | Columbia | MD | 21046
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