

**TO:** \_\_\_\_\_  
**(Name of badge recipient)**

**FROM: Akiko Berkman**  
**Health Security, Preparedness and Response Program**

**RE: SERV-OR Identification Badge Agreement**

A SERV-OR identification badge has been issued to: \_\_\_\_\_.  
**(Name of badge recipient)**

The signee agrees to bring this identification badge to future training, exercise and activations. In addition, if this badge is lost or stolen, the signee agrees to immediately contact SERV-OR staff. If this is a replacement for a broken identification card please return the old card.

**Volunteer signature:** \_\_\_\_\_  
**(If signing electronic version, type full name.)**

**Date:** \_\_\_\_\_

**FORM INSTRUCTIONS:**

Please complete and return this form electronically by one of the following methods:

- **Upload it directly to your volunteer profile:** Complete and save a copy. Then log in to SERV-OR.org, choose "My Profile", go to Trainings, add "SERV-OR ID badge agreement signed", attach the file.
- **Via Acrobat:** Click the "Submit" button, if it appears on screen, and follow instructions
- **E-mail:** Save a copy and e-mail it to [SERV.OR@state.or.us](mailto:SERV.OR@state.or.us)

Alternate methods:

- Fax a copy to: 971-673-1309
- Mail it to: SERV-OR  
Health Security, Preparedness and Response Program  
800 NE Oregon Street 465-B  
Portland, OR 97232

**Contact Us**

<https://serv-or.org>  
[SERV.OR@state.or.us](mailto:SERV.OR@state.or.us)  
Toll-free: 1-877-343-5767