



ANIMAL BRIGADE SERVICE CLUB APPLICATION

STUDENT INFORMATION

Name: _____ Age: _____ Date of birth: _____

Street address: _____

City, state, ZIP: _____

Phone number: _____ Email: _____

School: _____ Grade: 6th 7th 8th

Are you fully vaccinated for COVID-19? Yes No

What experience do you have with animals? (Please describe)

Why do you want to participate in the Richmond SPCA's Animal Brigade Service Club?

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship to student: _____

Phone number: _____ Email: _____

Please return completed applications to:

Email: cmoses@richmondspca.org

Mail: ATTN: Chanel Moses, Richmond SPCA
2519 Hermitage Road
Richmond, VA 23220

