



Cali-Camp Summer Day Camp Employment Verification Form

Name of Cali-Camp Staff Member / Applicant:

This form is to assist Cali-Camp in the verification of previous employment, at your establishment, by the above Cali-Camp staff member / applicant.

The above Cali-Camp staff member / applicant worked at: (to be completed by reference)

Name of Camp / Business / Organization: _____

From ____ / ____ / ____ to ____ / ____ / ____ as _____

From ____ / ____ / ____ to ____ / ____ / ____ as _____

Comments (optional):

References name: _____ Relationship to applicant: _____

Business phone: () _____ - _____ Business email address: _____

Reference Signature: _____ Date: ____ / ____ / 2006



Please Mail to:

Cali-Camp Winter/Spring Staff Office 39-103 Desert Greens Dr. East, Palm Desert, CA 92260

Or Fax to: (760)836-3894

Phone # (760) 836-3894