



Would you be kind enough to return by

May 1st 2010

Camp Saint John's

Camp Director

Saint John's High School

378 Main Street

Shrewsbury, MA 01545

Phone 508 842-9327

FAX 508 845-6799

campsi@stjohnshigh.org

EMPLOYEE REFERENCE CHECK

Applicant's name _____

Position applying for _____

Person providing reference _____

How do you know the applicant? _____

How long have you known the applicant? _____

Do you feel that the applicant would be an asset to the Camp Saint John's program? _____

If so, please explain _____

If you had children would you feel comfortable having the applicant supervise your children? _____

Please share any additional information that you feel would be helpful.

