

---

**PIONEER VALLEY SYMPHONY, INC.**

**BACKGROUND CHECK FORM**

Legal First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Gender: Male Female

**Please complete the following questions and attach an explanation for any “yes” answer.**

1. Have you ever been convicted of any crime against children or other persons? **Yes No**
2. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor? **Yes No**
3. Have you ever been found by a court, in a domestic relations proceeding, to have sexually abused or exploited any minor or to have physically abused any minor? **Yes No**
4. Have you been convicted of the possession, use, or sale of drugs within the last 5 years? **Yes No**
5. Have you been released from incarceration for a conviction of the possession, use, or sale of drugs within the last 5 years? **Yes No**
6. Within the past 30 days, have you abused alcohol, legal or illegal drugs? **Yes No**
7. Has your driver’s license been suspended or revoked within the last 7 years? **Yes No**
8. Other than the above matters, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance or mentoring of children under the age of 18? **Yes No**

Massachusetts Residents: I understand that a background inquiry may be made to the DCJIS in accordance with MGL ch. 6 sec. 172 through 172K, inclusive.

Vermont Residents : I understand that a background inquiry may be made to the VCIC in accordance with Title 20, Chapter 117, Section 2056(c) or other pertinent State law.

Residents of Other States: I understand that a background inquiry may be made to the State Police of the state in which I live.

I certify that the information I have provided is true and correct. If it is found that the answers given are untrue, I understand it may be cause for prohibiting my involvement with the PVS.

Signature \_\_\_\_\_ Date \_\_\_\_\_