



## Hospice of the Fisher Home

1165 North Pleasant Street

Amherst, MA 01002

(413) 549-0115

### Volunteer Application

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

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Which number is best to reach you or to leave a message? \_\_\_\_\_

What is your preferred method of communicating?  Phone  Email  Text

Emergency contact: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Educational Background

Dates completed

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Are you a veteran?  Yes  No If yes, branch of service? \_\_\_\_\_

Employment History - Are you employed?  Yes  No Retired?  Yes  No

What is, or was your profession? \_\_\_\_\_

Club or Organization affiliations or Volunteer experience:

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Hobbies and personal interests:

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Have you had a significant loss within the last 12 months?  Yes  No

If yes, please briefly explain:

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Please share with us your experiences, if any, with people who are sick, dying, or have experienced a loss. (Please continue on another page if necessary)

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Tell us why you are interested in being a hospice volunteer. It would be helpful to include what you understand the role of a hospice volunteer to be and what you are looking for in this experience. Also, tell us about your strengths, your challenges, and your personal spirituality. (Please continue on another page if necessary)

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How did you learn about being a hospice volunteer at The Fisher Home?

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Do you have reliable transportation?  Yes  No

Do you have a valid driver's license?  Yes  No

### References

Please list the names, addresses, email addresses, and phone numbers of three references, preferably not family members or relatives. They should be people who can speak to your personal qualities and experiences as they relate to being a hospice volunteer.

Full Name: \_\_\_\_\_

How Known: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_

Full Name: \_\_\_\_\_

How Known: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_

Full Name: \_\_\_\_\_

How Known: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_

I certify that the information I have provided on this application is true and correct. I authorize the Fisher Home to contact my references I have provided and verify the information contained herein.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application to: Tara Bernier, Volunteer Coordinator

Email: [tbernier@fisherhome.org](mailto:tbernier@fisherhome.org)

OR

Mail: Hospice of the Fisher Home  
1165 North Pleasant Street  
Amherst, MA 01002

**Thank you for your interest in volunteering at Hospice of the Fisher Home.**