

# Careers

## Older volunteers

# Retired executives find new life in nonprofits

**Business leaders often have management experience that can benefit a nonprofit. When volunteering to help a nonprofit organization, retirees must remember they're not the boss anymore.**

By KYLE MARSHALL

Each working day in Aubrey Fletcher's career brought some pretty weighty responsibilities, like overseeing 500 employees at his international trading firm in New York.

Now that he's retired, Fletcher doesn't have those daily worries. But that doesn't mean he's stopped putting his considerable business experience into practice.

He's one of a growing number of retired executives in North Carolina who have found life after the business world by volunteering to help nonprofit organizations. Fletcher, who lives in Durham, is an officer in the Executive Service Corps of the Carolinas, which offers consulting services to nonprofits at nominal fees.

"It gives you a sense of satisfaction, more so than just retiring and sitting around looking at your navel

for 24 hours," says Fletcher, who retired to the Triangle after selling his company to agricultural and industrial giant Cargill Inc.

Even though they might never have pursued career opportunities outside the corporate world, Fletcher and other former business owners and managers are deriving satisfaction by volunteering their time, experience and business know-how to a variety of nonprofit organizations.

Business executives represent just one small segment of the sizeable numbers of retired people getting involved in nonprofit volunteer work. According to a 1992 survey by the Independent Sector, a Washington professional organization for nonprofits, volunteers in the 65-74 age group donated an average of 4.3 hours a week, up from an average of 4 hours a week in the Independent Sector's 1990 report.

Many charitable organizations, community groups, United Way agencies, churches and hospitals make great use of older volunteers. The Retired Seniors Volunteer Program, for example, which is funded by the City of Raleigh, matches nonprofits' needs with volunteers' skills and experience, and the volunteers supply the labor to get the tasks completed.

A program by the United Way of

Asheville and Buncombe County makes use of retired business people in its area. The Management Assistance Committee conducts seminars and provides counseling to nonprofits in such business functions as personnel, long-range planning and fundraising.

This year, the Asheville United Way has gone a step further by asking a retired executive to chair its annual campaign.

Rayburn Dean, who retired at the end of 1992 as a senior vice president at BASF Corp., which has a manufacturing plant and offices in Asheville, is adding the campaign to his list of United Way activities that have spanned 15 years.

"Like a business or anything else, it needs to be fully accountable," Dean says of nonprofit organizations. "I am equally busy as before [retiring], but the only thing different is that I have more time to personally give to some institutions in the community."

Retired business leaders who assist nonprofits often do so by taking on a consulting job — how to develop a strategic plan, how to institute better financial controls, how to hire and train the right employees. Sometimes the volunteers help the nonprofit's paid staff communicate with its board of directors.

In other words, it's the functions they were accustomed to overseeing every day in the business world.

Bill Werner, a retired General Motors Corp. international executive who has homes in Raleigh and Pine Knoll Shores, says older volunteers often have to overcome such feelings as "I don't want to have to make another commitment" before plunging into nonprofit duties.

Once they do, they find they enjoy it — and typically don't face the same kinds of pressures they did in the working world, says Werner, president of the 30-member Executive Service Corps chapter. It is affiliated with the international Executive Service Corps organization.

A typical job taken on by the corps was for a Triangle day care center. The church-affiliated center wasn't getting all the income it needed for its special purpose of keeping a third of its available slots open to preschoolers with physical or mental disabilities.

Consultants from the corps developed a plan that involved corporate sponsorship of scholarships so that financially struggling parents could send their disabled children to the center. The center reported back to the corps that it was pleased with the consulting services it received.

Whenever someone from the

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Executive Service Corps  
of the Carolinas

corps helps a nonprofit staff or board, the volunteers are careful not to overstep their bounds. Retired executives assigned to the project must remember that their role is to offer advice — not to jump in and change the way a nonprofit operates.

"You need to have the right sort of personality for nonprofits," Fletcher says. "You have to be a sympathetic listener. You don't go barging in and say, 'I have all the answers.' WE will not roll up our shirtsleeves and get in and do the work."

## HOSPICE

CONTINUED FROM PAGE 1

that the social and psychological factors are equal with the biomedical factors in a person's care," says Steinhauser.

Hospice care is usually provided in a patient's home, but resident hospice programs are beginning to open across the state to provide care for people with no one to care for them at home.

The most fundamental change to hospice came in 1983, when Congress passed legislation allowing for third-party reimbursement for hospice care. That change led to the phenomenal growth in hospice orga-

nizations in the past decade.

Today, says Person, it's unusual for health insurance not to cover hospice care. In fact, health insurance companies often view hospice as a cost-saving measure.

Cathy Hinson says her family's health insurer pressured her to bring her husband home because costly hospitalization no longer was medically necessary.

Physicians also have changed their attitude toward hospice in recent years.

Physicians used to continue aggressive treatment and refer a patient to hospice only within 24 hours of death, says Person. Today, hospice has tremendous support from physicians.

To hospice supporters, that means more terminally ill patients have a chance to get the most they possibly can out of their last few months, weeks and days of life.

Cathy Hinson agrees.

"I could turn Ray's bed around so he could look out the window and watch the girls playing and see his folks working in the yard," she says. "He was so much happier at home. He even improved for a couple of weeks."

Hospice also helped Hinson and her daughters deal with their loss.

"I could call and cry on their shoulders anytime I wanted to. If I needed help with anything, all I had to do was pick up the phone."

Hinson attended support groups and went to counseling sessions with a hospice therapist. Amy and Jennifer met each week with a hospice therapist who helped them express themselves through art.

"I was just hanging on by a single emotional thread, and it gave me a great sense of relief that if I was at a point where I couldn't talk to the girls without falling apart, [the therapist] was there and she could talk to them," says Hinson.



Our goal is that Hospice care should be available to every North Carolinian by the end of the year.

JUDI LUND PERSON  
Hospice for the Carolinas

The girls also attended Hospice of Winston-Salem's Camp Carousel for children who have lost a parent or sibling.

Whatever changes health-care reform brings to hospice, Person says, the organization always will focus on care for the dying and their families.

"Normally, we admit patients for whom there are weeks and months rather than years in terms of the life left to live," she says.

That doesn't mean, however, that hospice simply is a program for the elderly. In fact, says Person, the aging of the U.S. population won't necessarily mean a similar growth in the need for hospice care.

"We are a program for the termi-

nally ill and they can be any age," says Person. "Our youngest patient was three days old and our oldest was 105." About half of hospice patients are under 65.

While the vast majority of hospice patients are suffering from terminal cancer, AIDS has had an increasing presence in hospice care. In 1993, 5 percent of hospice patients had AIDS.

But Person doesn't expect that figure to increase much.

"For a lot of AIDS patients, our philosophies don't necessarily go hand-in-hand," she says.

An AIDS patient, for example, is more likely to try aggressive, experimental treatments near the end of life. But on many issues, such as grief counseling, hospices and AIDS organizations work together.

The hospice movement also has seen the development of for-profit hospices, including two that have opened recently in North Carolina.

Person says there isn't much difference between for-profit and nonprofit hospices, at least not in the important measure of the care they provide to patients and their families.

People like Cathy Hinson simply are grateful for the service. As her husband died, she sat by him, holding his arm.

"I just kept talking to Ray, telling him, 'It's okay to let go, we'll always love you and we're never going to forget you.'"

If he'd been at the hospital, she says, he might have died alone or she might not have been there.

"I just can't thank hospice enough for having this option available to me," she says. "I really can't."

## DRAWING A BLANK?

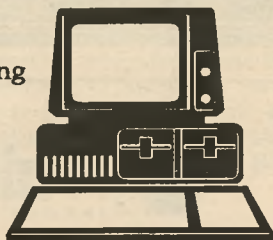
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