RESPITE VOLUNTEERS
OF SHIAWASSEE
Giving the Gift of Time

Respite Volunteer Joane McCall and friend Maureen
Photo by: Sovis Productions

Respite Volunteers provide persons and family caregivers with a trained volunteer for regularly scheduled weekly visits. We provide one-on-one time, giving family caregivers a well deserved break. Respite Volunteers help the elderly living alone and persons with disabilities to remain living safely in their home for as long as possible.

Volunteers provide an additional benefit to those living in their own homes by helping to decrease loneliness as well as providing compassion and encouragement.

Our volunteers say that their lives are enriched by the opportunity to help others.

Mission Statement
A gift of time and caring support to adults with persistent health needs and their families.

Phyllis Lahmann with Judy
Photo by: Elizabeth Vreibel

Linda Thorsby with Randi
Photo by: Angela Nicholls

Values

- Dignity and worth of all individuals
- Respect for the caregiving family
- Hope, compassion and the integrity of others
- Belief in the interfaith component and its strength
- Unique worth of each volunteer
- Respect for the diversity of people and their gifts
- Giving of oneself

How can you help?

- Serve Persons & Their Caregiving Families
- Volunteer in the Office
- Church Liaison
- Volunteer at Events
- Building and Grounds Upkeep
- Marketing
- Photography

Respite Volunteers of Shiawassee
Mailing address: P. O. Box 1777
710 West King Street, Owosso, MI 48867
989-725-1127
office@respitevolunteers.org
www.respitevolunteers.org Follow our events on facebook

Respite Volunteers of Shiawassee
Membership/Donation Form

RESPITE VOLUNTEERS OF SHIAWASSEE *Giving the Gift of Time*

Knowing that the greatest satisfaction comes from a caring heart, I offer my annual membership so that Respite Volunteers of Shiawassee can continue to provide trained volunteers for adults with health impairments, caregivers, their loved ones, and elderly persons living alone. We value and appreciate your generous support.

Name:_____ Phone:_____ Email:_____ Date:____

Address:_____ City:_____ State:_____ Zip:_____

Please check one:

☐ Black Diamond $5,000 +
☐ Diamond $1,000 +
☐ Emerald $500 +
☐ Ruby $250 +
☐ Sapphire $100 +
☐ Pearl $40 +
☐ Topaz $25 +
☐ Other

Attached is my check payable to Respite Volunteers of Shiawassee in the amount of $_____
☐ **Please deduct $_____monthly from my account. See authorization form on back**

This gift is given in Memory of:_____ or given in Honor of:_____
Memberships start at $25. All contributions are tax deductible as provided by law.

Your donations will help provide:

- ♥ Helping Persons to remain in their home
- ♥ In Home Assessments for Person's Family Caregivers and Home Safety
- ♥ Caregiver Support and Education
- ♥ Home Visits to match volunteer with families
- ♥ Case Management and Reassessment
- ♥ Managing Volunteers
- ♥ Volunteer Recruitment, Training, Placement and Supervision
- ♥ Volunteer Continuing Education
- ♥ Promotion of Respite Volunteers services

$5,500 Black Diamond membership could help provide 10 families services for **one** year

$1,100 Diamond membership could help provide 2 families services for **one** year

$550 Emerald membership could help provide family services for **one** year

$275 Ruby membership could help provide family services for **six** months

$100 Sapphire membership could help provide planning, recruiting and two training sessions for volunteers

$40 Pearl membership could help provide planning, recruiting & one volunteer training session for volunteers

$25 Topaz membership could help provide a case manager follow up for a family we serve

Faith In Action

#raiseup SHIAWASSEE #GIVINGTUESDAY

Diane Horn and Joy standing in front of Joy's lilacs.
Photo by: Ruth Nick

"Diane has been such a blessing. Her visits are valued so much." ~Joy

Membership Form

Case Manager Denise Temple & Volunteer Rosemary Stap
Photo by: Flora Nichols

Rosemary is like a breath of fresh air. She takes away my worries by staying with T. when I run errands. She is always there and flexible with her time when things come up. Rosemary is always happy and has nice stories. They love playing games together. From the initial meeting, I saw the connection. ~Wendy Sperry

The Respite Volunteers of Shiawassee Board of Directors wish to thank The Cook Family Foundation for the Nonprofit Capacity Building Program, and also a thank-you to Memorial Healthcare.

Respite Volunteers of Shiawassee Electronic Funds Transfer Authorization Membership Form

Name: _____ Phone: _____ E-mail: _____

Address: _____ City, State and Zip: _____

Date to Start Deductions: _____ (Respite Volunteers of Shiawassee will debit on the 15th of each month)

Please debit my membership payment from: ☐Checking Account ☐Savings Account (check only one)

Financial Institution: _____

Routing Number: _ _ _ _ _ _ _ _ _

Account Number: _____

Monthly Deduction: $ _____

9 Digit Routing Number | Account Number | Check Number

⑆269567831⑆ 923476739⑈ 1234

RESPITE VOLUNTEERS OF SHIAWASSEE
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Authorization Agreement: I authorize Respite Volunteers of Shiawassee to charge my checking or savings account monthly in the amount of $_____. This authority is to remain in full force and effect for at least twelve (12) months which constitutes a one year membership. I understand that I must notify Respite Volunteers of Shiawassee if I wish to discontinue the automated payment service.

Signed: _____ Date: _____

All contributions are tax deductible as provided by law.