



Atlantic City Rescue Mission

Volunteer Network

Homeless Care Partner Care Kit



Care Kit

Everything you need to help the homeless

Dear Friend,

Thank you for joining the Atlantic City Rescue Mission in caring for the homeless. Your service will provide food, clothing, shelter, and hope for those in need. Everything you need to get started is included in this kit.

Care Kit Contents:

- How To Care For The Homeless
- Needed Items List
- Donation Drive Form
- Multiply Your Service
- Getting Started
- Homeless Care Partner Gift Sheet
- Brochures To Inform Others About The Mission

Plus:

- Receive the Volunteer Network bi-annual newsletter.
- Access resources online at www.acrescuemission.org.

Thank you again for joining us in serving those in need.



Serving with you,

Dan Brown, President and CEO



How to Care for the Homeless

You can help the Atlantic City Rescue Mission care for the homeless by collecting food, clothing, cash donations, and other needed items. See what you can do below!

I. Take The Simple Approach: Collecting donations for the Atlantic City Rescue Mission can be as easy as picking up an extra can of soup at your week-



ly trip to the supermarket or calling a few friends to see if they have any items to spare. See our Needed Items List for everyday items we need. We also need new or immediate items each month that can be accessed by calling (609) 345-5517.

II. Organize A Donation Drive: A successful donation drive can educate many about the issue of homelessness. You can involve community members in the effort to help. Follow the steps below and you'll be on the road to a successful drive.

1. Start Early: You can begin promoting your donation drive now! Share information throughout your community to raise involvement early in the process. You also can promote your drive in community and church bulletins, through local TV, radio and newspaper media outlets, at neighborhood grocery stores and many other locales.

2. Set A Goal: No matter what your approach, it helps to have a specific goal for your drive. This gives participants something to work toward and creates a benchmark for success.

3. Have Fun: Your donation drive can be more fun and successful if you decide upon some creative

approaches. For example, use cans as entry into a sporting event in lieu of tickets. You can also incorporate a theme like TGIF: Take Groceries In Friday. You may also stage a friendly competition at the office, in your neighborhood or at school. Be sure to have a treat for the winners!

4. Let Us Know Your Plan: Area media representatives may cover interesting stories and broadcast them to the Southern New Jersey community. By sharing your plan with the Mission, we are able to keep the media informed of your donation drive's progress. Use the form on page four to tell us your plan.

5. Set-Up A Central Location: Designate a central location for collected donations throughout your drive.

6. Make It Educational: Participating in a donation drive is an excellent opportunity to educate your neighbors, friends and family about the work of the Rescue Mission and the needs of the homeless in Southern New Jersey.

7. Share The Wealth: After your drive is a success, load your vehicles with the donations and bring them to the Atlantic City Rescue Mission. We will be happy to provide a guided tour of the Mission if you haven't been here before. Your visit is important to us because we enjoy showing how your donations will help people in need. Please call in advance to set up a tour.

Note: Record all donations on the included gift sheet. When collecting money, please make checks payable to "Atlantic City Rescue Mission." The Atlantic City Rescue Mission will send a thank you letter and receipt to confirm tax deductible gifts. Credit card donations can be taken weekdays by calling the Mission at (609) 345-5517 ext. 20.



Needed Items List

Food Products

coffee
sugar, white and brown
powdered pre-sweetened drink mixes
(iced tea, lemonade, fruit punch)
canned tomato products
tea bags
juice
pancake syrup
assorted cold breakfast cereals
oatmeal
canned goods
spices
garlic powder
seasoned salt
black pepper

Cash Donations

Send checks payable to “Atlantic City Rescue Mission” or call (609) 345-5517 ext. 20, weekdays, for credit card donations.

Clothing

Call (609) 345-5517 for current clothing needs.

Medications and First Aid Products

Tylenol, aspirin or ibuprofen
(for adults and children)
cough and cold medications
(for adults and children)
band-aid and other first aid products
cough drops
Vic's vapor rub

Towels and Wash Cloths

Personal Care Items

tooth paste
tooth brushes
shampoo
conditioner
hand and body lotions
antibacterial liquid hand soap in dispensers
bath soap-small bars
(antibacterial preferred)
women's sanitary products
disposable razors
shaving cream
antiperspirant
combs/brushes
hair grease, perms

Paper Products

toilet tissue
tissues
paper towels
paper napkins

Baby Care Items

disposable diapers (all sizes)
diaper ointments, creams, powders
baby oil



Homeless Care Partner

Donation Drive Form

Please fill out this registration form to let us know more about your donation drive.

Your Name or Group/Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: (_____) - _____ Ext: _____ FAX: (_____) - _____

E-mail: _____

Have you or your group had a food drive in the past? Yes No When? _____

Event Details

Start Date: _____ / _____ / _____ End Date: _____ / _____ / _____

Start Time: _____ End Time: _____

Location: _____ Event Title: _____

Items you will collect: _____

Is this event open to the public? Yes No

Comments/Requests:

Please return this form to the Atlantic City Rescue Mission.

ACRM Volunteer Network

2009 Bacharach Blvd P.O. Box 5358

Atlantic City, NJ 08404

Or Fax to (609) 345-8149



Homeless Care Partner

Multiply Your Service

Your service is making an incredible impact on the homeless in our community! Imagine what the work of two people could do. How about 10 people? Please help us help others by inviting your friends and family to support the homeless and hurting in Southern New Jersey.

Mail, email, fax, or call us with the name, address, phone number, and email address of anyone interested in becoming a Homeless Care Partner. We will follow up by sending information to that person on your behalf.

Getting Started

Set goals and create a plan.

Set goals now before you start:

- z How many items would you like to collect?
- z How much money would you like to raise?
- z How many people can you invite to be a Homeless Care Partner?
- z When and how long will you collect?

After setting these goals, plan how you will achieve them.

There are many resources in this Care Kit to help you get started.

You can also view our most urgently needed items online at www.acrescuemission.org.

Online Resources:

Access the Homeless Care Partner Website:

http://www.acrescuemission.org/assist/care_partner/hcp_only.html

You will need the link above to access the following information:

Download and print this kit

Download and print ACRM brochure

List of items needed this month

Please feel free to contact us if you need more resources, ideas, or more of any of the materials in this kit.
(609) 345-5517
partners@acrescuemission.org



Atlantic City Rescue Mission
 2009 Bacharach Blvd.
 PO Box 5358
 Atlantic City, NJ 08404
 Phone (609) 345-5517

Atlantic City Rescue Mission Volunteer Network
Homeless Care Partner

Gift Sheet

My Goal:
 \$ _____
 # _____ Items

Name: _____ **Phone #:** _____

Name : _____

Name : _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Email Address: _____

Email Address: _____

Phone Number: _____

Phone Number: _____

Item/Amount: _____

Item/Amount: _____

Payment type Check Cash

Payment type Check Cash

Name : _____

Name : _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Email Address: _____

Email Address: _____

Phone Number: _____

Phone Number: _____

Item/Amount: _____

Item/Amount: _____

Payment type Check Cash

Payment type Check Cash

Name : _____

Name : _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Email Address: _____

Email Address: _____

Phone Number: _____

Phone Number: _____

Item/Amount: _____

Item/Amount: _____

Payment type Check Cash

Payment type Check Cash



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 2009 Bacharach Blvd.
 PO Box 5358
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Homeless Care Partner

Gift Sheet



Name : _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Number: _____

Item/Amount: _____

Payment type Check Cash

Name : _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Number: _____

Item/Amount: _____

Payment type Check Cash

Name : _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Number: _____

Item/Amount: _____

Payment type Check Cash

Name : _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Number: _____

Item/Amount: _____

Payment type Check Cash

Name : _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Number: _____

Item/Amount: _____

Payment type Check Cash

Name : _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Number: _____

Item/Amount: _____

Payment type Check Cash