

Welcome to volunteering!

We hope your association with us will be a mutually-beneficial experience. It is our hope that your heart and mind will grow as you share your time, talents, and enthusiasm with us. Thank you for choosing to serve with us.

This handbook has been designed to acquaint you with our services, policies, and procedures, as well as to educate you about poverty, homelessness, and caring for and interacting with our guests and their children. The information in this buidebook will help you to be as effective as possible during your time with us. Please feel free to ask questions at any time.

We hope that you enjoy your experience with us as you extend your love and resources to us and we extend our gratitude to you.

TABLE OF CONTENTS

A Brief History	3	The Soup Kitchen and Shalom Look	23
Contact & General Information	5	Family Homelessness Prevention Proj.	24
Other Points of Interest	6	Interacting with Guests	
Agency Mission and Services	7	Strength's Perspective	28
So You Want to Be a Volunteer	8	Hospitality	29
Volunteer Policy and Procedures	9-10	Common Human Needs	30
Volunteer Job Opportunities	11	Increasing Empathy	
Volunteer Grievances	12	In Our Own Words	32
Reasons for Dismissal	12	Resident of Nowhere	33
When You Must Be Absent	13	Brain Smart	35
Volunteer Resignation	13	Interacting with Children	36
Understanding Homelessness	14	Child Protection Guidelines	37
Who is Homeless	15	Kitchen Volunteer Guidelines	38
What Causes Homelessness	16	Reflection Questions	39
Who is Homeless in Bloominton	17		
Understanding Poverty in Monroe	18		
Maslow's Hierarchy of Needs	21		

A BRIEF HISTORY...

Like many agencies fundamental to the well-being of our community, Shalom, Inc. started as just an idea. In the year 2000, a group of people at the First United Methodist Church realized that people living in emergency shelters had no place to go during the day when they were to be out of the night-time shelter between 9am and 4pm. People living in these shelters simply stayed on Kirkwood, went to the library, or went any place that they would be unnoticed, but always seemed unwelcome. The church members partnered with Shelter, Inc. to open a room in the church to provide a safe place for these individuals to go during the day as well as to offer coffee, newspapers, and a listening ear. This became known as Shalom Community Center, a program of Shelter, Inc. It was named Shalom because Shalom means “welcome” or “peace be upon you” in Hebrew. Because Shalom is a place open to anyone, the name fits perfectly.

Ten short years after its founding, Shalom is still a safe day-time shelter for those experiencing homelessness or poverty, but has expanded to offer breakfast and lunch daily, access to social services on-site, a permanent mailing address and phone number, groceries, clothing, referrals, laundry facilities, diapers and baby supplies, city bus tickets, job-search, help obtaining ID card, a family center, and much more -- *all free of charge*.

In the summer of 2010, Shalom moved to its new location at 620 S. Walnut Street. The new location allowed all elements of the Shalom Community Center to converge under one roof.

GENERAL INFORMATION

SHALOM COMMUNITY CENTER

Main line: 812-334-5728

Kitchen: 812-334-5735

Administration: 812-334-5734

Website: www.shalomcommunitycenter.org

Street and Mailing Address:

620 S. Walnut Street
PO Box 451
Bloomington, IN 47402-0451

Open: Monday – Friday, 8 a.m. – 4:00 p.m.

Winter hours: Monday – Friday, (November 1 – March 31), 7 a.m. – 4 p.m.

Breakfast: Monday – Friday, 8 a.m. – 9:30 a.m.

Lunch: Monday – Friday, Noon – 1:30 p.m.

SHALOM COMMUNITY CENTER, INC. STAFF

Forrest Gilmore, Executive Director	forrest@shalomcommunitycenter.org
Deke Hager, Assistant Director	deke@shalomcommunitycenter.org
Ron Kerner, Director of Hunger Relief	ron@shalomcommunitycenter.org
Pam Kinnaman, Dir. of Volunteer Services	pam@shalomcommunitycenter.org
Patti Barrow, Case Worker	patti@shalomcommunitycenter.org
Liz Boyd, Case Worker	liz@shalomcommunitycenter.org
Laura Ertmer, Case Worker	laura@shalomcommunitycenter.org

HOLIDAYS

On most holidays, the Shalom Community Day Center is open from 8 a.m. to Noon and serves a brunch. Volunteers who would normally volunteer on a day that falls on a holiday may participate if they wish but are not expected to.

PARKING

Parking is available behind the community center and on the south side of the Shalom lot. More parking is available on the side streets across Walnut Street from the Shalom Community Center.

OTHER POINTS OF INTEREST

Shalom at Indiana University

Shalom at IU is a student group that promotes awareness of homelessness and poverty in and around the city of Bloomington and supports Shalom Community Center through fundraising activities, mass meetings of students and faculty, donation drives and facilitation of new volunteer recruitment.

For more information, contact ShalomIU@indiana.edu

Shalom Community Center's Community Contacts Email List

All registered Shalom volunteers who have email addresses are automatically added to the Community Contacts Google Group to receive monthly Shalom Updates. Shalom Updates contain the latest news from Shalom and lists current needs for volunteer and donations.

AGENCY MISSION

The **Shalom Community Center** is dedicated to relieving the plight of those experiencing homelessness and poverty in South Central Indiana. Since access to food, housing, education, and health and human services are fundamental human rights; we seek to meet these basic needs. As a nonprofit resource center, we deliver social services directly and in collaboration with other agencies in a respectful and secure environment. We advocate for the most vulnerable among us and promote activities that empower people to develop their assets to the fullest extent possible.

SHALOM COMMUNITY CENTER SERVICES

SAFE DAY-TIME SHELTER WITH A COMMUNITY ATMOSPHERE

- Breakfast, 8-9:30
- Hot lunch, Noon-1:30
- Emergency groceries
- Permanent phone number: 334-5728
- Guests' Mailing address is 620 S. Walnut, 47401
- Postage
- Long distance phone calls
- Restroom facilities
- Shower/Tub facilities
- Long-term and Day storage
- Free laundry facilities
- Referrals
- On-site social services
- Employment Assistance – Job Links
 - Job counseling & opportunities
 - Help with applications & resumes
- Help obtain ID cards
- City bus tickets
- Rent assistance
- Utilities assistance
- Legal assistance - Project H.E.L.P.
- Furniture and clothing vouchers

Community donations listed below are needed items provided to our guests:

- Personal care items such as shampoo, soap, disposable razors, deodorant
- Diapers & baby supplies
- Food
- Sleeping bags & tarps
- Clothing
- Writing & drawing materials
- Books



SO YOU WANT TO BE A VOLUNTEER. . .

Volunteering to help those less fortunate is a noble undertaking if it is done for the right reasons. As you contemplate this new volunteer experience, we ask that you carefully consider our volunteers' ***Code of Responsibility*** and ***Bill of Rights***.

CODE OF RESPONSIBILITY

Be sure: Look into your heart and know that you really want to help other people.

Be convinced: Don't offer your services unless you believe in the value of what you are doing.

Accept the rules: Don't criticize what you don't understand. Don't hide your doubts and frustrations until they drive you away or affect your performance.

Be willing to learn: Training and listening are essential to any job well done.

Keep on learning: Know all you can about the client base and our organization and continuously seek improvement.

Welcome supervision: You will do a better job and enjoy it more if you are doing what is expected of you.

Be dependable: Your word is your bond. Do what you have agreed to do. This is a commitment, so don't make promises you cannot keep.

Be a team player: Find a place for yourself on the team. Adapt to the environment and develop a role that will balance out the team. Be willing to help when needed.

BILL OF RIGHTS

As A Volunteer You Have the Right to. . .
Be treated as a co-worker . . . not just as "free help". . . nor as a "prima donna."

a suitable assignment. . . with consideration for personal preference, temperament, life experience, education, and employment background.

know as much about the facility as possible. . . its policies, its people, and its programs.

training for a job. . . thoughtfully planned and effectively presented training.

a continuing education on the job. . . as a follow-up to the initial training - information about new developments - training for greater responsibility.

sound guidance and direction. . . by someone who is experienced, well-informed, patient, and thoughtful - and who has time to invest in giving guidance.

a place to work. . . an orderly, designated place conducive to work and worthy of the job to be done.

promotion and a variety of experience. . . through advancement to assignments of more responsibility; through transfer from one activity to another; through special project assignments.

be heard. . . to have a part in planning; to feel free to make suggestions; to have respect shown for an honest opinion.

recognition. . . in the form of promotion and awards for some tangible evidence; through day-by-day expressions of appreciation, and by treatment as a bona fide co-worker.

VOLUNTEER POLICY AND PROCEDURES

- 1) The Shalom Community Center Board of Directors encourages volunteer participation by individuals and groups.

Definition:

“Volunteer or Material Donor” is a person who, of his/her own free will, provides goods and services to the agency without receiving monetary or material compensation.

- 2) As a volunteer at Shalom, Inc., you are expected to demonstrate ethical and professional conduct towards all Shalom guests, staff, volunteers, other agencies and the general public. This includes speaking and acting in the best interests of our guests and the agency. Please treat all participants and staff members of Shalom, Inc. with dignity and respect and show concern for their rights as individuals.

- 3) Requirements

Volunteers . . .

- a) Perform duties within the policy, procedures and rules set by the Shalom Community Center.
- b) Perform tasks assigned by their supervisor and approved by the director.
- c) Must maintain strict confidentiality concerning any information to which they may have access within their volunteer duties.
- d) Will not discuss any of the guests by name or identifying information with anyone but Shalom, Inc. staff.
- e) Will not discuss guests at Shalom with any other guests.
- f) Should avoid relationships with current and former guests that may interfere with their ability to benefit from Shalom, Inc. services. Do not enter into friendships with guests on your personal time.
- g) Should avoid entering into a romantic or sexual relationship with a current guest, regardless of whether such relationship is consensual or otherwise.
- h) Should avoid any commercial transactions with guests.
- i) Volunteers must not express a personal opinion to the public that could be confused with policy or formal position of Shalom Community Center.
- j) Avoid any appearance of sexual harassment, which is defined as any unwelcome or offensive conduct, whether written, verbal or physical.
- k) Must be at least 15 years old to volunteer. A parent or guardian is required to attend a volunteer orientation with teens 15 through 17 years of age and sign a permission form. Youth under 15 years of age, while volunteering, must be accompanied by a parent, guardian or another designated responsible adult and approved by agency staff. If a youth

comes to us through a school program, then the permission policies of the school are accepted.

- l) Guests or those who interact with guests on a personal level may perform volunteer duties that do not give them access to confidential information concerning others using Shalom services.
- m) Shall sign in and out in the Volunteer Log. If a volunteer is working off site, they must keep track of their hours and report them to the volunteer coordinator each month.
- n) Hospitality volunteers must wear name tags.
- o) Regular-service volunteers must attend a volunteer orientation.
- p) Hospitality volunteers must pass a criminal history check.
- q) Understand that Shalom, Inc. is a drug- and alcohol-free agency.
- r) Will not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, age, religion, sex, sexual orientation, gender identity, marital status, economic status, political beliefs, mental or physical disability.
- s) May not transport guests in a vehicle.
- t) Do not give money to Shalom guests.
- u) Volunteers must be trained for the jobs they will do, including the safety aspects.
- v) When personal protection equipment is required for the position, the volunteer must either provide his/her own or be properly equipped by the agency and trained to use the equipment prior to engaging in any such work.
- w) Volunteers must not knowingly be exposed to any unnecessary danger or hazards in the workplace and must not perform any functions requiring a license or certification unless they have a current license or certification to do so.
- x) Notify a staff person immediately if injured while performing your volunteer task.

VOLUNTEER JOB OPPORTUNITIES

1. KITCHEN ASSISTANT

Assist with food and beverage preparation, serving, and clean-up.

2. HOSPITALITY VOLUNTEER

Assist with answering the telephone, taking and distributing messages, providing referral information, and distributing mail. Volunteers also register guests for showers, to do their laundry, and to check items in and out of long and short-term storage. *Formal hospitality volunteer training is required.*

3. SHALOM GREETER volunteers works in the day room and are available to answer questions when guests first enter Shalom. Volunteers have an opportunity to chat with guests and share information on Shalom services with guest new to the Center.

4. RESPITE ROOM ASSISTANT

The Shalom respite room is used by guests who have the need to lie down and rest or sleep for various reasons such as having a night job or a medical condition that requires them to rest regularly, etc. Volunteers sign guests into the room, make sure they have a clean blanket and pillowcase for their pillow and monitor the room. This is a great position for medical students, students that would like to have a quiet place to do school work, people who like to knit/crochet, or read while monitoring the room. The room will be open for use from 8-4, Monday through Friday. A two-hour shift, one day a week would be a minimum expectation.

5. OFFICE ASSISTANT

Data Entry, filing, bulk mailings.

6. COMPUTER TECHNICIAN

Repairing and updating hardware and software for all Shalom computers.

7. INSTRUCTIONAL VOLUNTEER

Teach guests of Shalom anything with which you have a background or expertise. Examples could include making crafts, parenting skills, family budgeting, etc.

8. DONATION MANAGER

Solicit, receive, and manage donations.

VOLUNTEER GRIEVANCES

We feel it is important that volunteers have a voice to air any concerns they might have, whether large or small, while volunteering for Shalom Community Center.

Consider the following if you find you have a concern while volunteering:

- If another person is directly involved, please try to resolve the matter at a personal level first. If the matter cannot be resolved in this way, please take the issue to the Volunteer Coordinator.
- If there is an issue with any volunteer condition, policy, practice, or action by Shalom Community Center that you would consider unjust, talk with the Volunteer Coordinator privately as soon as possible.
- If the discussion does not lead to a satisfactory conclusion, then meet with the Executive Director. During this meeting, you should feel free to openly discuss your complaint and substantiate your reasons for feeling the way you do.

REASONS FOR DISMISSAL

The following is a list of major reasons staff may feel the need to dismiss a volunteer:

- Attendance problems – Has frequent absences or arrives late and leaves early too often.
- A poor attitude – May be cynical, “passes the buck” when something unpleasant happens, cannot accept suggestions or criticism, is negative to the public, guest and/or employees.
- Difficulty with volunteer duties, has to be supervised too much of the time (does not follow instructions when given), fails to recognize errors or problems, takes no initiative.
- Not following volunteer program policy or agency rules.

However, the Shalom Community Center reserves the right to dismiss a volunteer at any time.

It is necessary to approach volunteering with a sense of commitment, open mindedness, resourcefulness and initiative. By doing so, volunteers can make the experience a rewarding experience.

WHEN YOU MUST BE ABSENT

We ask that you take responsibility for the work schedule to which you have made a commitment. However, we understand that there will be times when you must be absent from your volunteer position. If you know ahead of time, please inform your immediate supervisor as soon as possible and mark the date(s) on the appropriate Absence Calendar in the sign-in book. If you are sick and cannot come in, please call your immediate supervisor as soon as possible. Contact information for SCC is in the front of this manual.

VOLUNTEER RESIGNATIONS

The Shalom Community Center hopes that you find your volunteer experience both enjoyable and rewarding. However, circumstances can change. If your schedule should change and you can no longer volunteer in your current assignment, please note the date of your last day in writing and give it to the Volunteer Coordinator. Email is fine. You will be asked to complete a Volunteer Exit Survey so that we can take steps necessary to correct any problems that you may have had while volunteering.

If your assignment is not providing you with the skills and learning opportunities that you would like, please talk with the volunteer coordinator who will work to resolve the problem.

UNDERSTANDING THE ISSUES: HOMELESSNESS

WHAT IS HOMELESSNESS?

The federal definition of homelessness is a state of being in which an individual lacks a fixed, regular, and adequate nighttime residence and/or has a primary nighttime residence that is one of the following:

- A. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
- B. an institution that provides a temporary residence for individuals intended to be institutionalized; or
- C. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

The term "homeless" or "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law. (§ 11302. *General definition of homeless individual*)

SHELTERED VS. UNSHELTERED NATIONAL DATA

Household Type	Number of Persons		Percentage of Individuals and Persons in families	
	2006	2007	2006	2007
Total				
Sheltered	427,971	391,401	56.4	58.3
Unsheltered	331,130	280,487	43.6	41.7
Total	759,101	671,888	100	100
Individuals				
Sheltered	224,293	213,073	49.6	50.3
Unsheltered	228,287	210,304	50.4	49.7
Total	452,580	423,377	100	100
Persons in Families				
Sheltered	203,678	178,328	66.4	71.8
Unsheltered	102,843	70,183	33.6	28.2
Total	306,51	248,511	100	100

Source: 2006 and 2007 Continuum of Care Application: Exhibit 1, CoC Point-in-Time Homeless Population and Subpopulations Charts.

WHO IS HOMELESS?

An estimated 3.5 million people, 1.35 million of them children, are likely to experience homelessness in a given year. (National Coalition for the Homeless, 2005):

Ages

- 39% were under the age of 18
- 42% of the youth were under the age of five
- 25% were ages 25-34
- 6% were ages 55-64
- 5% are unaccompanied children

Gender

- 41% are single men
- 14% are single women

Families (average stay in shelters is currently 8 months to a year)
40% were families with children (higher numbers in rural areas)

Ethnicity

- 49% are African-American
- 35% are White
- 13% are Hispanic
- 2% are Native American
- 1% is Asian

Veterans

- 10% are veterans

Mental Illness

- 25% single adults suffer from severe and persistent mental illness
- 5-7% of homeless persons with mental illness require institutionalization

Addiction Disorders

- 65% are drug or alcohol dependent

WHAT CAUSES HOMELESSNESS?

Lack of affordable housing

This is a primary cause of homelessness. With rents going up every year and mortgages becoming increasingly more difficult to obtain, many individuals are finding that they are unable to fulfill their housing needs. When an affordable home is not found, homelessness is inevitable.

Mental illness

A mental illness can restrict the amount and types of work that an individual may conduct as well as the types of environments where they can live. An example of a group that consistently faces homelessness due to mental illnesses are veterans who due to their state of being, are not able to support themselves and find a stable home.

Substance abuse

Individuals who battle substance abuse are much more likely to be homeless due to familial conflict, job loss, and even incarceration. Healthcare costs associated with treatment of substance abuse are more than enough to put individuals into debt and force them into homelessness.

Low-paying jobs

Many individuals are employed when homelessness sets in. A missed rental or mortgage payment can send individuals into the streets despite the possibility of a clean financial history prior to eviction. When jobs do not pay a living wage, a home may be near impossible to afford.

Slashed services and government assistance

Many housing developments (primarily low-income developments) are funded through federal funding. When funding is cut or scarcer, these programs stop accepting applications and people who otherwise would have had a home are stuck in the stage of homelessness. Furthermore, many low-income developments have been replaced by high-rent developments that force individuals and families out of their neighborhoods and they are often homeless during this transition period.

Domestic violence

Victims of domestic violence are one of the most vulnerable populations that experience homelessness. In order to escape dangerous and abusive situations, many individuals (including children in most cases) have no other choice than to flee their homes for a safe haven. During this period of flight, the family might experience homelessness.

Unemployment

Individuals who may have had good jobs are also vulnerable to homelessness if they are forced into unemployment. Even in the best case scenario where an individual is eligible up to the maximum 26 weeks of unemployment, people must rely on personal savings thereafter – assuming there is any – to make ends meet. Even if another job is found, the chance remains that making ends meet and paying off debt accrued while unemployed will be very difficult.

When these ends are not met, not only may homelessness become a reality, but also job loss may happen again and the prospects of finding another job may decrease with an increasingly inconsistent employment record.

Poverty

Poverty can be either relative or absolute. Relative poverty is the condition in which an individual or family is living below the standard of living set by the government based upon a set poverty threshold. This threshold is the point at which a family can afford all of the necessities for survival, albeit, very difficultly. Absolute poverty is a level of poverty as defined in terms of the minimal requirements necessary to afford minimal standards of food, clothing, health care and shelter. Set at a much lower level, families and individuals who fall below this standard cannot afford the most necessities needed for survival. The presence of federal, state, local, and private programs diminish the chances that those who are homeless will experience absolute poverty; however, the chances are still there and there is a population present that experiences this extreme form of poverty. A lack of a shelter is strongly correlated to poverty.

WHO IS IN POVERTY IN BLOOMINGTON?

All families	13.9%
With related children under 18 years	21.9%
With related children under 5 years only	24.2%
Married couple families	5.0%
With related children under 18 years	6.9%
With related children under 5 years only	5.5%
Families with female householder, no husband present	32.6%
With related children under 18 years	38.3%
With related children under 5 years only	55.7%
All people	39.0%
Under 18 years	23.1%
Related children under 18 years	22.9%
Related children under 5 years	24.7%
Related children 5 to 17 years	21.9%
18 years and over	41.5%
18 to 64 years	45.4%
65 years and over	7.7%
People in families	14.6%
Unrelated individuals 15 years and over	61.5%

Source: U.S. Census Bureau, 2005-2009 American Community Survey

UNDERSTANDING THE ISSUES: HOMELESSNESS & POVERTY IN MONROE COUNTY

COST OF HOMELESSNESS

For many city officials, community leaders, and even direct service providers, it may seem that placing the homeless in shelters is the most inexpensive way to meet the basic needs of people experiencing homelessness or that shelters are an ideal solution. However, research has shown that this is in fact false.

The cost of homelessness can be very expensive. Hospitalization, medical treatment, incarceration, police intervention, and emergency shelter expenses can add up very fast, making homelessness very expensive for cities and taxpayers.

HOSPITALIZATION AND MEDICAL TREATMENT

People experiencing homelessness are more likely to receive the most costly health care services.

- According to a report in the New England Journal of Medicine, people living in homelessness spent an average of four days longer per hospital visit than comparable housed individuals. This extra cost, approximately \$2,414 per hospitalization, is attributable to homelessness.
- A study of hospital admissions of people living in homelessness in Hawaii showed that 1,751 adults were responsible for 564 hospitalizations and \$4 million in admission costs. Their rate of psychiatric hospitalization was more than 100 times higher than their non-homeless cohort. The researchers conducting this study estimated that the excess cost for treating homeless individuals was \$3.5 million or about \$2,000 per person.

Homelessness causes and results from serious health care issues, including addiction, psychological disorders, HIV/AIDS, and many other disorders that require long-term, consistent care. Homelessness slows down the receiving of this care and lowers the quality of care received, as housing instability often takes away from regular medical attention, access to treatment, and healing.

This inability to treat medical issues can aggravate these problems, making them both more dangerous and more costly.

- As one example shows, Michael Siegel, a physician and health care expert, found that the average cost to cure an alcohol-related illness is approximately \$10,660.

- Another study found that the average cost to California hospitals of treating a substance abuser is about \$8,360 for those in treatment, and \$14,740 for those who are not.

PRISONS AND JAILS

People living in homelessness often spend more time in jail or prison, which is extremely costly to the state and locality. Often, time served is a result of laws specifically targeting the homeless population, including regulations against loitering, sleeping in cars, and panhandling.

- According to a University of Texas two-year survey of homeless individuals, each person costs the taxpayers \$14,480 per year, primarily for overnight jail.
- The typical cost of a prison bed in a state or federal prison is \$20,000 per year.

EMERGENCY SHELTER

Emergency shelter is a costly alternative to permanent housing. While it is sometimes necessary for short-term crises, too often it serves as long-term housing. The cost of an emergency shelter bed funded by Housing and Urban Development's (HUD) Emergency Shelter Grants program is approximately \$8,067 more than the average annual cost of a federal housing subsidy (Section 8 Housing Certificate).

COST STUDIES

Studies have shown that providing people experiencing chronic homelessness with permanent supportive housing saves taxpayers money. Permanent supportive housing refers to permanent housing coupled with supportive services.

- A recent study followed the progress of the Downtown Emergency Service Center (DESC) in Seattle, WA. All the residents at this Housing First-styled residence had severe alcohol problems and varying medical and mental health conditions. When taking into account all costs – including housing costs – the participants in the 1811 Eastlake program cost \$2,449 less per person per month than those who were in conventional city shelters.
- A cost study of rural homelessness from Portland, ME found significant cost reductions when providing permanent supportive housing as opposed to serving the people while they remain homeless. The study specifically noted a 57 percent reduction in the cost of mental health

services over a six-month period, partly due to a 79 percent drop in the cost of psychiatric hospitalization.

- A study from Los Angeles, CA – home to ten percent of the entire homeless population – found that placing four chronically homeless people into permanent supportive housing saved the city more than \$80,000 per year.

Source for all of the above: National Alliance to End Homelessness.

INDIANA'S STATISTICS

In Indiana, the average Fair Market Rent (FMR) for a two-bedroom apartment is \$706. In order to afford this level of rent and utilities, without paying more than 30% of income on housing, a household must earn \$2,353 monthly or \$28,241 annually. Assuming a 40-hour work week, 52 weeks per year, the level of income translates into a working wage of \$13.58 per hour.

In Indiana, a minimum wage worker earns an hourly wage of \$7.25. In order to afford the FMR for a two-bedroom apartment, a minimum wage earner must work 75 hours per week, 52 weeks per year.

In Indiana, the estimated average wage for a renter is \$11.68 an hour. In order to afford the FMR for a two-bedroom apartment at this wage, a renter must work 46 hours per week, 52 weeks per year.

Monthly Supplemental Security Income (SSI) payments for an individual are \$674 in Indiana. If SSI represents an individual's sole source of income, \$202 in monthly rent is affordable, while the FMR for a one-bedroom is \$580. A unit is considered affordable if it costs no more than 30% of the renter's income.

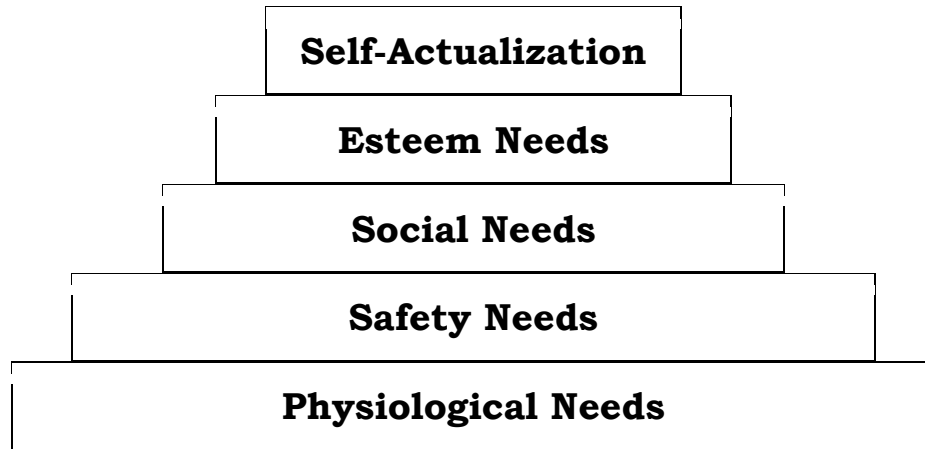
Source: The National Low Income Housing Coalition.

STATISTICS

- 20,095 people live at or below the poverty level in Monroe County.
- The median household income is \$33,311.
- The median personal income is \$25,302.

Source: United Way Scan 2003, www.bloomington.in.us/~scan

MASLOW'S HIERARCHY OF NEEDS



Physiological Needs

Physiological needs are those required to sustain life, such as:

- air
- water
- nourishment
- sleep

According to Maslow's theory, if such needs are not satisfied then one's motivation will arise from the quest to satisfy them. Higher needs such as social needs and esteem are not felt until one has met the needs basic to one's bodily functioning.

Safety

Once physiological needs are met, one's attention turns to safety and security in order to be free from the threat of physical and emotional harm. Such needs might be fulfilled by:

- Living in a safe area
- shelter from the environment
- Medical insurance
- Job security/steady employment
- Financial reserves

According to Maslow's hierarchy, if a person feels that he or she is in harm's way, higher needs will not receive much attention.

Social Needs

Once a person has met the lower level physiological and safety needs, higher level needs become important, the first of which are social needs. Social needs are those related to interaction with other people and may include:

- Need for friends
- Need for belonging
- Need to give and receive love
- Family
- Companionship and acceptance
- Involvement in social, community or religious groups.

Esteem

Once a person feels a sense of "belonging", the need to feel important arises. Esteem needs may be classified as internal or external. Internal esteem needs are those related to self-esteem such as self respect and achievement. External esteem needs are those such as social status and recognition. Some esteem needs are:

- Self-respect
- Achievement
- Attention
- Recognition
- Reputation
- Personal worth
- Social recognition
- Accomplishment

Maslow later refined his model to include a level between esteem needs and self-actualization: the need for knowledge and aesthetics.

Self-Actualization

Self-actualization is the summit of Maslow's hierarchy of needs. It is the quest of reaching one's full potential as a person. Unlike lower level needs, this need is never fully satisfied; as one grows psychologically there are always new opportunities to continue to grow.

Self-actualized people are:

- self-aware
- concerned with personal growth
- less concerned with the opinions of others
- interest in fulfilling their potential

They tend to have needs such as:

- Truth
- Justice
- Wisdom
- Meaning

Self-actualized persons have frequent occurrences of *peak experiences*, which are energized moments of profound happiness and harmony. According to Maslow, only a small percentage of the population reaches the level of self-actualization.

The Soup Kitchen Look



Lack of choice

Less than quality food

Lack of warmth

Depressing

Shalom Community Center



Choice of food

Good quality food

Positive atmosphere

Social environment

Not depressing

FAMILY HOMELESSNESS PREVENTION PROJECT

Family homelessness is a growing concern in Indiana, where 1 in 20 children living in poverty experiences homelessness each year. In Monroe County, the state's most impoverished county, hundreds of families are living on the brink of losing their homes. At Shalom Community Center, we're working to keep that from happening.

The aim of our Family Homelessness Prevention Project (FHPP) is to break the cycle of recurring housing emergencies by offering "one-stop" services to families with children who are at or below the poverty line, at imminent risk of becoming homeless, or are currently homeless. In addition to providing for basic needs such as food and a mailing address, the project aims to provide individualized support and case management on a per family basis to stabilize families and enable: children to stay in school, adults to stay employed, and the families to retain housing, participate in the community and family activities, and ultimately attain an improved quality of life.

The FHPP utilizes two major approaches: (1) Prevention – helping families at risk to stabilize their tenancy; and (2) Housing-first Rehabilitation – considered to be the best practice on a national level for working with homeless families. This model emphasizes a rapid move to permanent housing combined with intensive case management to promote all-around family stability.

Prevention activities include early identification of at-risk families and linkage to community supports all of which Shalom Community Center conducts.

In 2008, Shalom

- . . .supplied 2,228 families with emergency groceries.
- . . .distributed 1,975 diapers.
- . . .worked closely with 343 families (including 657 children) to provide help through our Family Homelessness Prevention Project.
- . . .prevented homelessness for at least 270 of those families.
- . . .provided essentials like a place to shower, do laundry, find encouragement, and get connected to vital social services.

WHY ARE FAMILIES HOMELESS?

Family homelessness is caused by the combined effects of lack of affordable housing, extreme poverty, decreasing government supports, the challenge of raising children alone, the changing demographics of the family, domestic violence, and fractured social supports. As the gap between housing costs and income continues to widen, more and more families are at risk of homelessness.

For families with vulnerabilities or little safety net, even a seemingly minor event can trigger a catastrophic outcome and catapult a family onto the streets.

WHO ARE HOMELESS FAMILIES?

The typical sheltered homeless family is comprised of a mother in her late twenties with two children.

WHAT ARE THE EXPERIENCES OF HOMELESS MOTHERS?

The impact of homelessness on mothers is profound. Many experience anger, self-blame, sadness, fear, and hopelessness. Mothers experiencing homelessness have significant histories of interpersonal violence. For them, the experience of becoming homeless is another major stressor amidst already complicated traumatic experiences.

WHAT ARE THE EXPERIENCES OF HOMELESS CHILDREN?

Children experience high rates of chronic and acute health problems while homeless. The constant barrage of stressful and traumatic experiences also has profound effects on their development and ability to learn.

WHAT ARE THE EXPERIENCES OF HOMELESS FAMILIES?

Families experiencing homelessness are under considerable stress. They may stay in multiple settings throughout the time they are without a home. Many double-up in overcrowded apartments with relatives or friends. Others sleep in cars and campgrounds or send their children to stay with relatives to avoid shelter life. Once in shelter, families must quickly adjust to overcrowded, difficult, and uncomfortable circumstances. Despite the efforts of dedicated staff, many shelters are noisy and chaotic, overcrowded and lacking privacy. Homelessness also increases the likelihood that families will separate or dissolve, which may compound the stress the family feels.

WHAT CAN I DO?

By working together, we can end family homelessness.

You can help by:

- Volunteering with Shalom Community Center.
- Supporting local, state and national programs that help families out of poverty.
- Considering issues of poverty, affordable housing, violence prevention, and health care when determining who earns your vote in local, state and federal elections.
- Donating to organizations that are working to end homelessness.

- Educating others about the extent and causes of family homelessness and what to do about it.

WHERE CAN I LEARN MORE?

The National Center on Family Homelessness has extensive resources on homelessness, particularly concerning families. Visit their website to learn more: www.familyhomelessness.org. You may also want to visit Homelessness Resource Center, www.homeless.samhsa.gov, operated by our sister organization, the Institute on Homelessness and Trauma.

Source: www.familyhomelessness.org



INTERACTING WITH GUESTS

The three following excerpts are tools you can use to better communicate with our guests and are intended to provide you with a strengths-based approach to communication and interaction.

STRENGTHS PERSPECTIVE

Use these questions to guide your communication and empower our guests to reflect on their own strengths and talents.

HOSPITALITY- CREATING SPACE FOR THE STRANGER

After reading the selection, think about a time when someone was hospitable to you, especially if they didn't know you. How did that make you feel? How then can you extend hospitality to our guests here? What does judging have to do with it?

COMMON HUMAN NEEDS

Think of examples from your own life experience when each of these needs has been met and times they have not. How were you affected? How will these needs relate to your interaction with guests?

THE STRENGTHS PERSPECTIVE

The facility actively assists guests in recognizing their own strengths and potential, in order to empower them to redirect their lives.

We believe that all people, no matter what trauma, pain and suffering they have experienced, are resilient and have the capacity for growth and change.

THE STRENGTHS PROCESS

Guests build self-esteem as the resources and strengths that they have used to live through crises and pains are highlighted for them.

As their self-esteem grows, guests recognize their own potential and they are empowered to change their lives.

Language is Critical

To utilize the strengths perspective, you must learn the language of strengths. By carefully choosing words and questions, you can consistently reframe suffering and pain in the context of strengths.

PRINCIPALS OF THE STRENGTHS PERSPECTIVE

Every individual, group, family, and community has strengths.

People have assets, resources, wisdom, and knowledge. When these strengths are recognized and respected, they have the potential to help guests overcome adversity and reach their goals.

Trauma, abuse, illness and struggle may be injurious, but they may also be sources of challenge and opportunity.

Our guests' pain is real, but so are the growth, wisdom, and maturity they have gained as they live on in spite of this pain. The very experiences that may cause embarrassment, confusion, distraction or self-doubt in guests can also foster a sense of pride in overcoming them. This pride can empower guests to seek change and growth.

Assume that you do not know the upper limits of the capacity to grow and change.

- Take individual, group, and community aspirations seriously.
- Hold high expectations for guests and believe in their hopes, dreams and values.

We best serve guests by collaborating with them.

Every guest possesses tools and knowledge that can lead to their own healing.

Every environment is full of resources.

If we amplify group and individual resilience, there is awareness, recognition and use of assets of most members of the community.

By familiarizing yourself with the "strengths perspective," you can join staff and other volunteers in helping guests recognize their strengths.

HOSPITALITY

CREATING

SPACE FOR THE STRANGER

By Ken Kraybill

Estrangement, a feeling of not belonging, is one of the hallmark characteristics of the experience of homelessness. One becomes separated from usual activities, relationships, and sense of place and purpose in the world. Literally, one becomes a stranger. The longer homelessness persists, the more ingrained this sense of alienation becomes.

“Offering the gift of hospitality” is a useful way for care provider’s to think about overcoming this estrangement. In his book *Reaching Out*, Henri Nouwen defines hospitality as “creating free and friendly space for the stranger.” This definition takes us well beyond images of tea and sandwiches being shared in a pristine setting. Instead, it points us towards new, deeper relationships in our lives.

Hospitality offered to the stranger is an invitation to a relationship – a relationship that provides a welcoming face and presence – that creates a sense of refuge from an often impersonal, hostile world. Hence, the person experiencing homelessness can have a taste of being “at home” in the context of a safe, friendly relationship.

A hospitable relationship comes with no strings attached. It does not pass judgment and does not make demands. Instead, it provides a space in which the other can freely explore one’s own needs, abilities and hopes. Such a relationship becomes both a “resting place” and a “guiding light.” It provides a place of self-reflection and restoration. It instills and renews hope.

The power of hospitality lies not in coercion but in careful listening, reflection, information and kindly persuasion. It encourages, but does not force. It is built upon the trustworthiness, competency and integrity of the provider.

When we think of our own experiences of being graced with the hospitable presence of another, we remember it as calming, orienting and

renewing. It is like remembering who we are – returning to our true home – so that we can once again move ahead more confidently in our lives. The absence of such a presence often leads to isolation, disorientation, confusion and despair. Like all of us, people experiencing homelessness need hospitable relationships in their lives.

Hospitality is offered in many ways – sometimes by a simple gesture of acknowledgement, a warm smile, a cup of coffee, listening patiently without interrupting, offering information, a word of encouragement, or simply by being present with the other person in silence. Hospitality requires time, patience and kindly persistence. It cannot be rushed. It sees the “bigger picture” rather than seeking the “quick fix.”

As trust within the relationship builds, a sense of companionship develops (see Rennebohm’s Relational Outreach and Encouragement Model). Time is spent together on a more predictable basis. The homeless individual shares more and more of his or her story. Small tasks are shared. Inquiries are made about other resources. In time, hospitality leads to increasing the “circle of care” to help the individual access needed resources and services. In this manner, medical, housing, financial, counseling and other treatment and social service needs are met.

Over time, as the individual progresses toward greater stability, the relationship moves into a phase of increasing mutuality. It is not just one-sided. Once a stranger, the individual has now become a neighbor and friend. We discover that our stories are interwoven and that we are bonded by our common humanity. In this mutuality, each person is recognized for the strengths and gifts that they bring to the relationship as well as to the larger community.

In the end, hospitality that is given becomes hospitality received.

COMMON HUMAN NEEDS: THE VALUE BASE FOR OUTREACH

SEVEN HUMAN NEEDS

- To be treated as an individual
- To express feelings
- To get sympathetic responses to problems
- To be recognized as a person of worth
- To not be judged
- To make one's own choices and decisions
- To keep secrets about oneself

Source: Biestek, F. P. The Casework Relationship, 1957

INCREASING EMPATHY

The following three excerpts are for you to reflect upon and understand the experience of homelessness a bit more.

IN OUR OWN WORDS

- Provide a possible interpretation of the deeper meaning of what that person might be saying, thinking and feeling about the realities of the experience of homelessness. Imagine the person's situation and life story.

A RESIDENT OF NOWHERE

- Try to “walk a mile” in Henry’s shoes. Ask yourself: “What struck you most about Henry’s experience? Were you surprised by anything? What emotions did you feel as you read this?”
- Use this reading to think about the multi-dimensional impact of homelessness. There is more to being homeless than not having a home. How do you think Henry’s whole being is affected by being homeless?
- What resources is Henry lacking?

BRAIN SMART

- Think of a time when you felt you were in danger, hungry, or sick. How did you react differently to situations than if you had not felt endangered?

IN OUR OWN WORDS . . .

Below is a sampling of quotes from people about their experience of homelessness:

“I feel like a refugee from America.”

“I was living on the streets. I was lucky if I could take a shower. I was ashamed and embarrassed of the situation I was in. I felt hopeless, helpless, powerless, and jobless.”

“Just because you helped me get my money straightened out, don’t think you can tell me what to do with it” – client to caseworker

“An old man with no money like me? They’ll leave me for last. I don’t think they want to bother with me.” -- regarding going to the hospital

“I was staying at the mission. I had a dislocated shoulder, facing cervical cancer, and I was depressed.”

“Yeah, I like to get high but I don’t cause any trouble. Why should that bother anybody? I’ll bet nobody comes in your home and tells you what to do. I may be in this shelter but I’m not a child . . . I’m grown.”

“Nothing else ever had the same effect for me. I knew it was ‘my’ drug the first time I tried it with a friend in high school. She isn’t addicted . . . I am. Why me? Why not her?” -- Resident in women’s shelter

“It’s crazy alright, living on the streets – it can drive you crazy too.”

“Shelters? I never went to them. They are unsafe. People always robbed you in shelters. I slept in

abandoned cars, parks. It was safer.”

“I had health problems. I just thought it was old age. I had arthritis. I had two walking sticks. (And I had) glaucoma. With (my drinking) alcohol, I didn’t know how serious it was.”

“I was suffering from chronic withdrawals from alcohol. I was afraid. I was afraid to go to the hospital. I was afraid of the diagnosis. When I spoke to the outreach worker, I became less afraid and more confident that I would be able to get help.”

“Any day above ground is a good day!”

Sources:

- *Working with Homeless People: A Guide for Staff and Volunteers* – Columbia University Community Services
- *No Place to Stay* by Elizabeth Fuhr
- *An Introduction and Outreach – Health Care for the Homeless* video

Training Curriculum for HCH Outreach Workers
National HCH Council, Inc.
January 2002

A RESIDENT OF NOWHERE

By Ed Loring

Homelessness is absurd. Homelessness is unnecessary. Homelessness is hell. Homelessness is dereliction, frostbitten toes, crooked and lost fingers, burning, bleary eyes with bad vision and a pair of drugstore reading glasses to mask the shame and blindness.

Homelessness is Henry. Henry grew up in North Carolina and 20 years ago came to Atlanta in search of work and his shot at the American Dream. Black, strong, easygoing, Henry now finds himself a resident of nowhere, while a member of the human community that names itself Atlanta. Henry lost job after job as do all unskilled workers in our economy. Henry drinks alcohol to ease his pain and grasp once more at his dream, in the same way others do at a Falcons football game or the Hilton's Sunday brunch.

Henry sleeps under a bridge just off the interstate. Sleep comes only in bits and pieces, so he is exhausted when he gets up at 5 a.m. and stumbles toward the local private enterprise labor pool.

"Will I get work today? Do I want work today?" These questions haunt not only Henry but the 2,000 other men and some 50 women, who sit in the various downtown labor pools each morning. If a job is offered, most of them must make a choice: to eat or not to eat.

To go out on a job means the worker misses the opportunity for the two meals at the soup kitchens. Stomachs, already groaning from digestive juices sloshing against empty stomach walls, say "Go for the soup kitchen." But a labor pool job, that last glimmer of hope, "maybe today the break will come," is hard to turn down.

Torn between another day of hunger and a \$25 paycheck, Henry chooses food today. So, he will not work. At 6 a.m., sitting in a metal chair not far from the greasy handwritten sign "No Sleeping Allowed," Henry falls asleep.

At 7:30 a.m. Henry pulls his aching body out of the chair and heads to Butler Street C.M.E. Church for the "grits line." There he meets 200 others who stand in line until the door is opened. By 8:15 he has had a cup of coffee, a bowl of grits, a boiled egg, and a vitamin C tablet.

Just as Henry is able to hit the streets, his bowels yell out. He looks for a place to go to the bathroom, but the church has locked its doors, not wanting the poor and the dirty to use their facilities. So he quickly hides himself behind the dumpster outside.

Atlanta refuses to provide public toilets. One theory offered by a local politician is that if the city provides public toilets, the homeless from all over North America will come to Atlanta! Yet the city spends \$50,000 each year processing the average of four people arrested per day for public urination.

Henry hopes, with his pants below his knees, that no one will see him. When he's finished, a flicker of desire passes through the broken man's heart: "If only I had a few sheets of toilet paper, and maybe just a piece of soap and a little water." But he does not. Now he stinks. Now, as daylight has filled the city streets, Henry is an enemy of the professional, a discarded person, a punk, a wino, and bum, in a local newspaper columnist's terms. He can't even keep himself clean!

Henry wanders toward Grady Hospital downtown. If the guard at the entrance is nice or sleepy, he can wash off there. If the guard is absent he can sit in the waiting room until discovered. Then he can get some of that wet and cold out of his torn socks. He sits and looks at his filthy feet. "Damn, how I wish my left shoe had a sole," he thinks silently to himself, for there is no one with whom to share this most human wish.

When one is poor and carries the terrible burden of homelessness, having nothing to do but wait, time moves so slowly. Henry, now with nothing to do except shuffle his way uptown, heads for St. Luke's soup kitchen. Walking hurts; hunger hurts. He longs to travel the mile so he can stand and wait for the soup and sandwich along with 700 other men, women, and children. In the dining hall, music plays in the background, people mumble to themselves about love and lost children, young men without tender fathers search in a macho, violent-prone society for a way to test and prove their manhood. Henry eats his soup.

It's 11 a.m. Henry's day that really never began is almost half over. He now decides to go for the big \$8 job which the medical board allows twice a week: selling his blood plasma. With \$8 he can get cigarettes, a half-pint, and a chicken supper. So Henry, reduced to a man who can only muster the energy and hope for survival, heads off to the blood bank.

After a two-hour wait, his name is called. Slowly he arises from the floor where he has watched a Perry Mason rerun interspersed with advertisements which promise a good life if you will only buy some useless product. Henry walks to the hospital bed and lies down.

Finally, for the first time in five days, he is comfortable. A nurse stands beside him and applies the needle. His blood begins to drip out of his body, and Henry sleeps.

Sleep at the blood bank is unlike sleep anywhere else for the homeless. Here, bleeding, Henry is safe. The temperature is warm, and the noise of the television and the voices in the waiting room are muted by the closed door. Yes, the safest and most comfortable place for a homeless person in all of Atlanta is on the blood bank bed. It's a pity that one can only be there four hours a week.

Henry's day is over. His life, according to many who understand human existence as rooted in a structure of meaning and purposefulness, has been over for years. Homelessness is death. Homelessness is absurd. Homelessness is hell. Homelessness is Henry.

Ed Loring, a Presbyterian minister, is a founding member of The Open Door Community in Atlanta and of Atlanta Advocates for the Homeless. Article reprinted with permission from Sojourners. (800) 714-7474 www.sojo.net.

BRAIN SMART

UNDERSTANDING THE BIOLOGY OF BEHAVIOR

Guests often come to our facilities having experienced a great deal of trauma, conflict, and stress. They tend to operate in “survival mode,” constantly focusing on keeping themselves safe and alive. By understanding how the brain deals with high levels of conflict, stress and threats to safety, you can help guests transition from a focus on survival to a focus on growth and learning.

The areas of the brain that have control of body functions and behavior can be divided into three main levels:

BRAINSTEM

Controls the body’s vital internal functions, like breathing and blood flow, and also its *basic survival behaviors* – one’s fight or flight responses to the environment.

LIMBIC SYSTEM

Controls *emotions and impulse*. Keeps track of memories and imprints them with emotions such as fear and love.

CORTEX

Controls conscious behavior and rational thinking. Regulates movement and elaborates thought. Gives on the ability to concentrate, problem-solve, modify behavior, plan for the future, and respond with empathy and compassion towards

others. Instrumental in *learning and self-control*.

The brain functions at its highest level when in a safe environment. When the brain feels threatened, it “downshifts” from the rational thinking of the cortex to the emotional outbursts of the limbic system, or to the fight or flight responses of the brainstem.

By creating a safe environment for guests, we can help them function on a rational level, at which they can make changes in their behavior, their long-term plans, and their lives. A safe environment is not only free from physical threats, but also from psychological, emotional, intellectual, cultural and social threats, and basic resource restriction. Trust, respect, positive feedback, and encouragement are critical in fostering a sense of safety among guests.

When witnessing anger and conflict, remember that *anger is fear in disguise*. It may occur when a memory associated with fear is triggered, or when under high levels of stress. When a person is reacting angrily, he or she is operating from this limbic system or brainstem, and thus cannot reason, problem-solve or learn. When managing conflict and anger, it is first important to help a person feel safe so that his or her brain can return to cortical thinking.

INTERACTING WITH CHILDREN

COMMUNICATION

Communicating with children can often be difficult. Instead of commanding or negotiating behavior, use the three part message. It will make it much easier for you, and much clearer for the child. You will also be modeling great behavior and communication skills.

Use three-part messages when changing behavior or praising:

When you _____, I feel _____, because _____.

Example: Changing Behavior

Instead of:

“Stop throwing the puzzle pieces!” (Direct command) or “Would you please stop throwing the puzzle?” (Negotiating)

Use a three-part message:

“When you listen to your mother, I feel proud, because I know you are making her feel good.”

“When you pick up your toys without me telling you, I feel proud of you, because I see that you are so responsible.”

DISCIPLINE

NEVER use corporal punishment on a child. Do not hit, spank, or forcefully touch a child when you are supervising.

DO USE the three-part message to change inappropriate behaviors. If there is an emergency or if behavior is completely out of your control, contact the Program Director or the child’s parents immediately.

CHILD PROTECTION GUIDELINES
OF SHALOM COMMUNITY CENTER

1. During any family program, event, or service where children are present, volunteers must be 18 years of age or older and the door must remain open for the entire length of their involvement with a child.
2. **Application Procedures:**
 - a. Any person wishing to work with children or youth in the Shalom Community Center on a regular basis will complete our Primary Screening Form and a criminal history background check. All volunteers must be at least 18 years of age.
 - b. For those who have not completed the Primary Screening Form, but are asked to volunteer on a last-minute basis, the Screening Form for Occasional Volunteers will be completed before any work with children or youth begins. The form will be read and signed by the volunteer. Completed forms will be reviewed by a member of the staff.
3. **Training of Volunteers:**

All volunteers working with children shall be informed of agency policies and state laws regarding child abuse and ways to identify child abuse.
4. **Reporting Abuse:**

All staff and volunteers shall immediately report to their supervisor any behaviors which seem to suggest abuse. Volunteers shall report to the Director of Family Programs, a Case Worker, Program Director or Volunteer Coordinator. These individuals shall report to the Executive Director.
5. **Ratios:**

At all times, adults working with children shall maintain (child/adult) at least the following minimum ratios.

Infants – 4:1	4 year olds – 12:1
Toddlers – 5:1	5 year olds – 15:1
3 year olds – 10:1	6 year olds – 20:1
6. **Bathroom Policy:**

Children or youth who need assistance or supervision when using the bathroom facilities will be accompanied by an adult, but the main door of the bathroom shall remain open.
7. **No Striking Policy:**

No adult or youth caregiver (including paid staff, volunteers, parents, acquaintances or visitors) may strike any child or youth on Shalom Community Center premises or during a Shalom event for any reason.

Kitchen Volunteer Guidelines

INTRODUCTION

The need for volunteers in the kitchen is our greatest need and a wonderful introduction to Shalom Community Center. Volunteers can learn about homelessness and poverty issues that our guests must deal with each day.

GENERAL

- When you arrive, ask the kitchen manager for direction.
- Wear closed-toed shoes.
- If you would like to take time to eat a meal and visit with guests, let the coordinator know so the time can be allocated for you.
- Eat and drink at the dining tables, not behind the serving table or in the kitchen.

FOOD PREPARATION

- Wash your hands frequently.
- Always wear gloves when preparing ready-to-eat foods.
- Tie back hair or wear a hat or hairnet
- Daily menu will determine work activities each day.



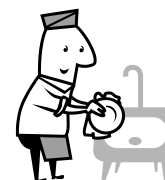
SERVING



- Wear hat or tie long hair back.
- Wear gloves.
- Serve food without touching it.
- Provide one serving per person. (Ask the coordinator what the appropriate serving size should be.)
- If anyone wants more food than the designated serving, in a kind and soft voice, tell them they can come back for seconds.
- If people come back for seconds, they need to get a clean plate.

CLEAN-UP

- Cool hot foods before storing.
- Label and date food when storing.
- Put away washed dishes and utensils in designated areas.
- Sanitize all counters, steam table and refrigerator doors. Be sure all food particles are removed from stove, countertops and sinks.
- Be careful when doing dishes that you do not get burned. The water is very hot making the dishes very hot.





REFLECTION QUESTIONS

While you are serving with us, be sure to open your mind and your heart to what you are experiencing. Think deeply about your time here and ask yourself questions. Here are some good ones to start out with:

BEFORE YOU BEGIN:

1. Why are you choosing to serve and why at a location that serves those who are homeless or in poverty?
2. How much do you know about homelessness and poverty? How can you find out more?
3. How does your service here tie into a greater purpose for your life? What is your greater purpose for living?

WHILE YOU ARE SERVING:

1. Has anything surprised you in your service thus far?
2. Who are some people that you have met that stick in your mind? Why do you remember them over others?
3. Has anything been uncomfortable for you thus far?
4. What has been your most challenging moment here? What made it challenging?

AFTER YOUR SERVICE:

1. Do you feel any differently about political or social aspects of our community? If so, why?
2. How has this service affected your life? Do you think it has caused a change in you at all? How?
3. Has your sense of community changed since serving? Who do you consider a “part of your community?”
4. Are you moved to make any more changes on behalf of those who are homeless or in poverty?

We thank you so much for serving with us. We hope this experience has benefited you as much as you have benefited us. We hope these questions have prompted you to ask the bigger questions in life and to live more deeply.