CONFERENCE LEADERS

Rev. Malcolm Marler, D.Min., founded The Care Team Network in 1994. He has presented this conference to over 2,500 persons in the last three years throughout the United States.

Ms. Kelly Ross-Davis, M.S., has been the Project Coordinator for The Care Team Network for six years. Kelly is one of the most experienced teachers on the “team approach to caring.” She has served as a Care Team Trainer, Leader, Coach, Team Member, and Care Team Friend.

The mission of the Care Team Network (CTN) is to be a training and resource center for the development of volunteer Care Teams for persons with health concerns or other special needs.

Leadership Training Conferences are offered throughout the United States to teach persons how to begin and sustain Care Teams.

The Care Team Network is sponsored by The 1917 Clinic at The University of Alabama at Birmingham (UAB), a respected HIV/AIDS research and treatment center.
WHAT IS A CARE TEAM?

A Care Team is a group of volunteers working together to provide practical, emotional, and spiritual support to individuals and families with health concerns or other special needs.

This conference will focus on how to develop Care Teams for any need a congregation or organization may want to address.

Care Teams have been developed for the elderly, persons with Alzheimer’s disease, cancer, heart disease/stroke, HIV/AIDS, Multiple Sclerosis, Parkinson’s disease, children with special needs, persons with disabilities, and dozens of other life situations.

A team approach is a practical way for individuals to work together to share the care to make a difference in the lives of others.

WHAT DOES A CARE TEAM DO?

A team’s activities may include transportation to the doctor or grocery store, household or yard chores.

Some people enjoy running errands, preparing meals, or providing social outings. Others prefer to visit, make phone calls, or provide a break for caregivers.

Team members simply do what they enjoy doing for others, when they are able, in an organized way with a built-in support system. A Care Team typically has 6-12 persons on the team.

CONFERENCE DETAILS

AUDIENCE

Anyone who wants to be involved in starting Care Teams for persons where they worship, work, or live are invited. This is a “train-the-trainer” conference that equips participants to return to any setting and develop Care Teams for people with special needs.

DATE AND TIME

This one-day conference will be on Friday, February 28, 2003 from 9 a.m. to 5 p.m. Check-in is at 8:30 a.m.

LOCATION

The conference will be hosted by First Presbyterian Church of Wheaton, IL. The church is located at 715 North Carlton Avenue, Wheaton, Illinois 60187.

Please see www.firstpreswheaton.org/about/directions.htm for a map and directions to the church or call 630-668-5147.

COST

The cost for the conference is $50 per person and includes refreshments, lunch, handouts and a 200 page manual. All participants will be able to use all materials without a copyright.

PRE-REGISTRATION

Pre-registration is required. Please see the back panel of this brochure.

CONFERENCE CONTENT

Friday, February 28, 2003, 9-5 p.m. Fundamentals of Care Team Development

The day provides an overview of the key components to the successful development of Care Teams.

During the day we will learn how to:

- Identify the needs of someone, determine if a Care Team is wanted and needed,
- Introduce the Team Approach to others so that they understand how a team is different than the traditional one-one-one way of caring,
- Train a Care Team in your congregation, or organization, or start a team for someone you know or for someone in your community,
- Connect a Care Team with a Care Team Friend (recipient of care) and clarify expectations for everyone involved, and
- Equip the team with on-going support to keep it healthy and growing.

WHY ARE CARE TEAMS NEEDED?

The number of persons with special needs is increasing due to persons living longer with fewer resources.

Family members are geographically dispersed or less available for a variety of reasons. Finally, improved medical treatments help people live longer but not necessarily with the quality of life desired.