

Please fill out and return.

CATHOLICS UNITED FOR LIFE
OUR MOTHER OF SORROWS
PRISON MINISTRY SUPPORT PROGRAM

ASSOCIATION APPLICATION

ASSOCIATE INFORMATION

Name: _____ Phone Number: _____

Email: _____ Website: _____

Are you staff or volunteer? _____

Mailing Address: _____

Home () Facility ()

Special Mailing Directions: _____

How long have you been involved in prison ministry? _____

What sort of activities/ministries do you perform at the institutions?

Are you affiliated with any other groups, ministries, or parishes? If so,
please list and describe when necessary.

FACILITY INFORMATION:

Name of Correctional Institute _____

Address of Correctional Institute (if different from above)

Description of Institution: _____

Circle One: Federal State City County Private

Approximate Number of Inmates _____

Estimated Number of Catholic Inmates _____

Estimated Number of Spanish Speaking Catholic Inmates _____

Special requests or needs that you may have: