

Parish Point of Contact Application

Please fill out and submit application, signed by pastor (refer to line 5)

A MINNESOTA CATHOLIC
CONFERENCE INITIATIVE

1. Parish Information

Parish/City/(Arch)diocese: _____

Pastor: _____

Pastor's Phone/Email _____

2. Parish Point of Contact Information

Name: _____

Address: _____

Phone: _____ E-mail: _____

3. Describe why you would be a good fit for this position _____

4. Additional Information

How did you hear about the Catholic Advocacy Network Parish Point of Contact position? _____

Are you involved in social media? What platforms? _____

5. Pastor's signature _____

Please return to Policy and Outreach Coordinator, Kathryn Mollen, at the MN Catholic Conference

- Email: kmollen@mccc.org
- Fax: 651-227-2675
- Mail: 475 University Ave. W., Saint Paul, MN 55103