

MALE - 2024 Outstanding Senior Citizen Award
Freeborn County Fair Nomination Form

List what the nominee (**age 70 by June 1 or older**) does for others in your organization or community after reaching the **age of 65**. Feel free to discuss your nomination with the person and collect needed volunteer activity information.

Send the information to Albert Lea Convention & Visitors Bureau by July 19, 2024.

Winners will be selected and recognized at the Freeborn County Fair. Outstanding senior will be awarded a Minnesota State Fair Outstanding Citizen pin and 2 tickets to the State Fair.

Male Nominee Name:	Date of Birth:	Nominated by:
Address:		Address:
Home Phone:		Home Phone:
Work Phone:		Work Phone:

How do you know the nominee? _____

What was the nominee's occupation before age 65? _____

Signature _____ Date: _____

Complete this form and mail it to Albert Lea Convention & Visitors Bureau, 132 N. Broadway Ave., Albert Lea, MN 56007.

Page 1

*(Please make a copy of these three forms - use one
For the female nominee and one for the male nominee. Copy additional pages as needed.)*

Name of Nominee _____

Volunteer Activities

List the volunteer activities and benefits to the community/organization:

Volunteer activity/organization: _____

Activity or responsibility: _____

Time commitment: _____

Benefit to the community: _____

Volunteer activity/organization: _____

Activity or responsibility: _____

Time commitment: _____

Benefit to the community: _____

Volunteer activity/organization: _____

Activity or responsibility: _____

Time commitment: _____

Benefit to the community: _____

Volunteer activity/organization: _____

Activity or responsibility: _____

Time commitment: _____

Benefit to the community: _____

Volunteer activity/organization: _____

Activity or responsibility: _____

Time commitment: _____

Benefit to the community: _____

Community Memberships

Tell us about the community organizations or committees she/he belongs to. Be sure to list any positions or offices held by the nominee within these organizations.

Organization	Responsibilities	Time Spent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Service Awards

Award	Year Received
_____	_____
_____	_____
_____	_____

