

MALE – 2026 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 17, 2026.**

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.

|                           |                |               |
|---------------------------|----------------|---------------|
| <b>Male Nominee Name:</b> | 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.

FEMALE - 2026 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 17, 2026.**

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.

|                             |                |               |
|-----------------------------|----------------|---------------|
| <b>Female Nominee Name:</b> | 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.

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*(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: \_\_\_\_\_

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**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.

| <b>Organization</b> | <b>Responsibilities</b> | <b>Time Spent</b> |
|---------------------|-------------------------|-------------------|
| _____               | _____                   | _____             |
| _____               | _____                   | _____             |
| _____               | _____                   | _____             |
| _____               | _____                   | _____             |
| _____               | _____                   | _____             |
| _____               | _____                   | _____             |
| _____               | _____                   | _____             |

**Service Awards**

| <b>Award</b> | <b>Year Received</b> |
|--------------|----------------------|
| _____        | _____                |
| _____        | _____                |
| _____        | _____                |

