

## City of Owen Sound Board and Committee Public Applications Scoring Tool

Applicant Name	Resident/ Owner/ Tenant in Owen Sound	Able to Meet at Selected Board/ Committee Meeting Time	Current or Previous Service on Board/ Committee	Interest in Serving on Board/ Committee	Education & Training	Current or Past Work Experiences & Skills	Current or Past Community Involvement or Volunteer Work	Additional Skills or Experiences	Optional Self- Declaration	Total Points	Additional Comments
Scoring (in points)	Yes/No	Yes/No	Yes/No	Low 0-3 Med 4-7 High 8-10	Low 0-3 Med 4-7 High 8-10	Low 0-3 Med 4-7 High 8-10	Low 0-3 Med 4-7 High 8-10	Low 0-3 Med 4-7 High 8-10	Please indicate selection(s)		

Completed confidentially  
by:

\_\_\_\_\_ Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date