

## Cooperative Community Wildfire Response Expression of Interest

To express interest in the CCWR program, please complete the following application and indicate how your community meets the outlined assessment criteria. Once completed, please send it to [BCWS.CooperativeCommunityWildfireResponse@gov.bc.ca](mailto:BCWS.CooperativeCommunityWildfireResponse@gov.bc.ca).

Community Name:

Community Location:

Registered Society #:

Primary Contact:

Secondary Contact:

Primary Number:

Secondary Number:

Email Address:

Mailing Address:

Number of Members:

### **Assessment Criteria**

**Community Description:** Please describe whether your community is rural and or remote.

**Structure Fire Protection Jurisdiction:** Please explain whether your community is outside of structural fire protection jurisdiction (i.e., not covered by a municipal or established fire department).

**Wildfire Mitigation History:** Please describe activities and dates that demonstrate a history of wildfire mitigation in your community within the last 3 years.

**Additional Comments:**

### **Training and Personal Protective Equipment**

To be eligible for this program all members must have completed the following training and be equipped with the appropriate personal protective equipment (PPE).

- Completed Training of S-100/S-185 or S-100A
- ICS 100
- Complete and pass a [Physical Activity Readiness Questionnaire \(PAR-Q\)](#)
- Have appropriate personal protective equipment as per the [guidelines](#)

### **Willingness Statements**

All members must agree to the statements below to be considered for the Cooperative Community Wildfire Response program:

- Agree to abide by the [Standards of Conduct for BC Public Service employees](#)
- Be willing to follow the command and direction of the BC Wildfire Service