



FUNERAL PARTICIPATION OFFER

Following discussions with Ambulance Victoria, your Association has established a Funeral Service Participation plan.

The Association offers a eulogy on your service career as well as a number of additions to highlight your involvement with Ambulance.

Our thoughts are that the event itself can be made easier for your next of kin, if they are aware of your wishes, when funeral service plans are being made.

In order for us to make preparations, we would like ascertain your wishes in relation to the list on the attached form. We would also like to gather some information on your career to assist our eulogy.

Please return this completed form to our Secretary who will retain the form until necessary. If you would like to change any of the details at any time, please contact our Secretary.

Ray Longheed

President



Retired Ambulance Association of Victoria Incorporated

ABN: 77 829 511 359
Registered Number: A0021423S

All Correspondence to:
The Secretary
Unit 2 / 20 Brooks Street
Bentleigh East
Victoria 3165
Tel: 03 8503 7945
Mobile: 0435 010 943
Email: raav.secretary@gmail.com

RAAV Funeral Participation Details

Our endeavour is to include details of your Service History so that it may be more comprehensive and meaningful to compile a eulogy.

Topics could include:

- Why did you join the Ambulance Service
- When did you commence and where
- What was the crewing arrangement when you started (single man, multi man station, etc.)
- Do you remember the starting salary
- Where did you work - Service/Branches
- Which positions and portfolios did you hold
- Highlights you may recall of historical note
- A situation of particular challenge
- You may remember a relevant light hearted situation
- Any other relevant matters related to your career
- You may like mention the role your Partner and your family played on your career.

The gathering of this information is a request only and purely voluntary which can be altered at any time by contacting our Secretary.

Should you wish to elaborate on your original Funeral Participation details or even write your own eulogy you may do so by using the attached document.

It is not necessary for a Member of The Retired Ambulance Association to deliver your Ambulance history eulogy. You may wish to nominate a family member, a member of the clergy, a celebrant or anyone of your choice.

All information contained in the attached document/s will be treated as confidential, as per our Privacy Policy, until the appropriate time.

All correspondence should be directed to our Secretary.

Yours Sincerely,

Ray Longheed

President

RAAV FUNERAL PARTICIPATION DETAILS

| | |
|-----------------------------------|--|
| First Name : | |
| Last Name : | |
| Date of Birth : | |
| Address 1 : | |
| Address 2 : | |
| City, Suburb, Town : | |
| Postcode : | |
| Home Phone : | |
| Mobile Phone : | |
| Email Address : | |
| Name of Wife, Husband or Partner: | |

Do you wish to have an ambulance component at your funeral? Yes () No (....) tick box

If yes, please complete the following:

List Ambulance Service/s and Branches with dates if possible:

| Service/Branch | Commenced | Finished | Notes or Last Position Held |
|----------------|-----------|----------|-----------------------------|
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Do you wish to have:

- | | | |
|------------------------------------|---------|-----------|
| Service flag on your coffin? | Yes () | No (....) |
| Ambulance Officers cap | Yes () | No (....) |
| Ambulance Awards | Yes () | No (....) |
| National Medal | Yes () | No (....) |
| Historic Ambulance | Yes () | No (....) |
| Piper from Service Pipes & Drums | Yes () | No (....) |
| Drummer from Service Pipes & Drums | Yes () | No (....) |
| Our eulogy at your service | Yes () | No (....) |
| Guard of Honour | Yes () | No () |

Please list any other comments you may wish to include:-

PTO:

