



FUNERAL PARTICIPATION

RETIRED AMBULANCE ASSOCIATION OF VICTORIA INC

Funeral Participation Offer

The Retired Ambulance Association Victoria has established a Funeral Service Participation plan should members wish their surviving workmates and colleagues to say a final goodbye.

The purpose is to assist your family and friends when the time arises, to ensure your family are aware of your wishes and desires and to make your sendoff unique, even quirky if that is what you would like it to be.

The RAAV Funeral Participation offers a framework to guide your loved ones when funeral plans are being made.

To assist with making these arrangements, we need to gather important information about your Ambulance Service and Career. The attached form contains several prompts and questions to assist with compiling your service history.

Please return the completed form to the RAAV Secretary, it will be retained securely until it is required. If you would like to change any of the details in the meantime, please contact us.

RAAV Funeral Participation Details.

Our endeavour is to gather comprehensive details of your Ambulance Service History so assist with compiling a personal and meaningful tribute of your Ambulance career.

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 person, multi person station, etc.)
- Where did you work? – Metropolitan, Regional, MICA, Airwing etc
- Which positions and portfolios did you hold? - Clinical Instructor, Team Manager, Clinical Support, Duty Managers, etc
- Highlights you may recall of historical note
- One or more tales that you liked to recall with mates, long after the job was done.
- Colourful personalities you worked with.
- You may like to 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 the RAAV Secretary with your updated information,

To accept the Offer of Participation simply complete the following profile, you may wish to write your own tribute.

Please fill the essential details. If updating a previous submission the same document can be used.

You and your Family may wish to nominate a particular person to read your Ambulance Service Tribute. This could be your local Clergy member, Ambulance Victoria Chaplin, Retired Paramedic, Family Member or any other person of your choice.

All information contained in the attached document/s will be treated as confidential, as per RAAV Privacy Policy.

All correspondence should be directed to the RAAV Secretary.

RAAV Funeral Participation Details

First Name.	
Last Name	
Date of Birth.	
Address	
City / 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
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If yes, please complete the following.

- List of where you worked, Service, Branch, Departments & include dates if possible:

Service/Branch	Commenced	Finished	Notes or Last Position Held

Would You Like To Have:

	Yes	No
Ambulance flag on your coffin		
Ambulance Service Cap		
Ambulance Service Medals		
National Medal		
Ambulance Service Tribute		
Ambulance Prayer / Ode		
Ambulance Service Piper		
Ambulance Service Drummer		
Guard of Honour		
Historical or Current Ambulance Service Vehicle		

Additional Career Roles or Awards

Role / Award	Date	Comments

