

SHOPPING VOLUNTEER CHECKLIST

Are friends, neighbours or volunteers helping to get your shopping? Use this checklist to let them know your preferences so they can help you in the best way. Add as much or as little information as you want. Please only provide information that you are happy to share with your volunteer.

If someone offers you help with your shopping don't feel pressured to accept it. If you do accept help never hand-over money, bank details or cards to someone you don't know.

FOR MY SHOPPING VOLUNTEER

Thank You for offering support to help me with my shopping. Here is some information about me and my shopping preferences that you might find helpful.

Name.....

Address.....

Telephone number

ABOUT ME

THE BEST TIME TO CONTACT ME IS

Morning Afternoon Early evening

I WOULD LIKE YOU TO KNOW THAT I

Have difficulty hearing Have difficulty seeing/registered blind
 Have difficulty remembering/live with dementia Have difficulty moving around
 Have difficulty with my mental health Other.....

MY DIETARY REQUIREMENTS

I AM

Vegetarian Vegan Coeliac Halal Dairy Intolerant Wheat intolerant

Other.....

MY FOOD PREFERENCES

I have an allergy to

Foods/brands I dislike are

My favourite foods/brands are

PAYING FOR SHOPPING

Please provide me with a receipt so I can pay for the shopping

I do / do not do online banking (cross out not applicable)

I WILL PAY BY

Bank transfer Cash Cheque Via community group.....

DELIVERING SHOPPING

Please ring the doorbell/chap the door and leave the shopping

NOTES FOR MY VOLUNTEER SHOPPER

We have more information and resources that you mind find helpful. These can be found [here](#)



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