Emergency Volunteer Shopper Form

New View Alliance
HOLIDAY HOPE
Gift Campaign

Thank you for your interest in supporting Holiday Hope! Please complete this form so we can coordinate your volunteer involvement as an emergency volunteer shopper.

Time Commitment: December 1, 2025 -December 19, 2025 *(flexible scheduling)*

Contact Information

Full Name: _____

Phone Number: _____ Email: _____

Preferred Contact Method: ☐ Phone ☐ Email

Volunteer Availability

I am available to shop:

(Please check all that apply.)

☐ Early December ☐ Mid-December

Best days for for pickup/drop-off:

(Please check all that apply.)

☐ Weekdays (morning) ☐ Weekdays (afternoon) ☐ Weekdays (evening) ☐ Weekends

Volunteer Commitment

Please confirm the following:

☐ I understand I will receive a gift card and shopping list to purchase specific gifts.

☐ I will return all purchased items (unwrapped), the gift card(s), and the receipt(s) by the deadline provided.

☐ I agree to communicate promptly if I am unable to complete my shopping assignment.

Additional Information

How did you hear about Holiday Hope? _____

Do you have any questions or special considerations we should know about?

_____

_____

_____

Acknowledgement

By signing below, I confirm my interest in volunteering as an emergency volunteer shopper.

Signature: _____ Date: _____

Please return this completed form to:

New View Alliance - Development and Marketing Team

6350 Main Street, Williamsville, NY 14221 | development@newviewalliance.org | 716-377-5315