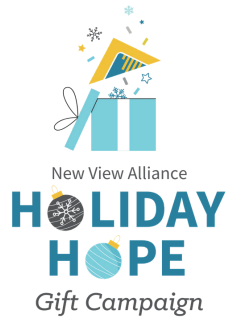


Volunteer Team Form



Thank you for your interest in supporting Holiday Hope! Please complete this form so we can coordinate your volunteer involvement as a team (1-6 people) preparing and organizing donated gifts for delivery to children and families in need. *(One team per form.)*

Time Commitment: December 3, 2026 - December 11, 2026 *(shifts: 9-12 & 1-4)*

Contact Information

Business/Organization Name: _____

Contact Person: _____

Phone Number: _____ Email: _____

Volunteer Dates and Times

(Please check all times that your team would be available to volunteer.)

During the Week of	Morning (9am-12pm)	Afternoon (1pm-4pm)
December 3 - December 4	☐	☐
December 7 - December 11	☐	☐

Volunteer Information

Please check the number of volunteers that will be attending for your team's shift: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Areas of Interest

(Please check all that apply.)

- ☐ Sorting and organizing donated toys
- ☐ Matching gifts to wish lists
- ☐ Packing and labeling gifts

Acknowledgement

By signing below, I confirm our business/organization's interest in volunteering as a volunteer team.

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



In partnership with:



Complete the form online:
[Volunteer Team Form](#)

