Volunteer Team 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 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