

Volunteer Position Agreement

Position Title: Troop Cookie Manager

STATEMENT OF RESPONSIBILITY

☐ Fall Product Program

☐ Cookie Program

I agree that all products, payments and payment receipts received by me during the product program are my responsibility. I agree to adhere to the established guidelines and deadlines with regard to submission of paperwork, product delivery and payment/payment receipt, as established in the current year product program. I understand that products may not be returned.

I fully understand the responsibilities of the position detailed in the Troop Cookie Manager Guide, and accept full accountability for these responsibilities.

Signed: _____

Service Unit #: _____ Troop #: _____

Print Name: _____

Date: ____ / ____ / ____

To follow is all of my information to be entered into the appropriate product program ordering system.

I understand that this information is provided for the sole purpose of access and data entry for the product ordering system and communication.

Please Print Clearly:

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone: _____ Area Code _____ / _____ - _____

Cell Phone: _____ Area Code _____ / _____ - _____

Email: _____ @ _____ . _____