



# 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

