



SERVICE UNIT MANAGER RESPONSIBILITY FORM
2018-19 Cookie Program

FORM INSTRUCTIONS

Complete this form and return to the Product Program staff (all information is required and **must be legible**). Volunteers and parents not in good financial standing with Girl Scouts—Diamonds are not eligible to complete this form.

Notify the council office if any of the following information changes:

Service Unit Number _____

Service Unit Name _____

CONTACT INFORMATION:

(PLEASE PRINT LEGIBLY)

Service Unit Manager _____

First	Middle	Last	Maiden
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Mailing Address _____

Street/PO Box	City	State	Zip
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Birth Date _____ Place of Employment _____

Last 4 digits of SS# _____

E-mail Address _____ Cell Phone: (_____) _____

****An E-mail address is required to order products and rewards.****

AGREEMENT TERMS AND CONDITIONS:

(Please initial on the left hand side)

1. I have read the Service Unit Product Manager Job Position and agree to accept this volunteer position and to fulfill it to the best of my ability. In the event I am unable to do so, I will immediately notify Product Program staff and give them all records pertaining to the Cookie Program and all money that has not been deposited.

2. I understand I am responsible for all products, rewards and money I receive and that products accepted by the Service Unit become the property of the Service Unit, unless otherwise transferred to troops, and are not returnable to the council.

3. I understand that I must be in good financial standing with Girl Scouts—Diamonds to accept the role of Service Unit Product Manager. Should I accept this role without being in good standing, I understand that I may be legally responsible for any debt incurred by the Service Unit and subject to legal action.

4. I agree not to give forms to Troop Leaders or girls not in good financial standing with the Council or allow any troop leader to participate without providing training.

5. I agree to provide training to ALL troop leaders in my Service Unit regardless of their intent to participate in the Cookie Program

6. I agree to use receipts for all products, rewards and monies given to and/or received from each volunteer, parent or girl during the cookie program.

I understand that I will be held legally and financially accountable for any missing or misappropriated funds and/or products. Further, by signing this agreement I authorize the Girl Scouts – Diamonds of Arkansas, Oklahoma and Texas to conduct a criminal record search.

Signed _____
Service Unit Product Manager

Date _____