girl scouts in the heart of pennsylvania

Product Sales Program

MANAGER'S AGREEMENT

Please check the appropriate program:

_____ Cookie Program _____ Fall Product

Please check the appropriate level you are accepting responsibility for:

_____ Service Unit (manage troops in SU)

_____ Troop (manage girls and families)

AS A PRODUCT SALES MANAGER, I AGREE TO:

1. Be a registered Girl Scout.
2. Attend Product Sale Program training at the level I am accepting responsibility for.
3. Meet all responsibilities and complete duties as outlined in position description provided to me at training.
4. Have access to a computer for managing the program through the vendor partners' online ordering system.
5. Maintain an email address for program communications.
6. Plan and train participants at the level I am accepting responsibility for.
7. Receive program materials; sort and distribute to participants.
8. Record names of those attending training sessions. (Service unit level will submit list of attendees to Council Registrar.)
9. Promote and distribute information on the program and activities to participants, including information and updates from Council.
10. Coordinate and manage all aspects of delivery of products and girl incentives; sort and distribute to participants. (At the service unit level, this includes entering delivery location information in the online ordering system.)
11. Distribute, collect, and retain signed receipts of products and incentives for each participant, as required.
12. Enter/monitor all data-entry aspects of participant information in the online ordering system to meet all deadlines.
13. Contact all participants who miss required deadline(s) and offer help to complete required steps.
14. Submit final orders for participants at the level I am accepting responsibility for.
15. Collect all proceeds from participants and deposit proceeds as instructed in my position description.
16. Monitor or maintain all deposits of council proceeds/banking transactions in the online ordering system.
17. Provide information and assistance regarding delinquent participants as needed.
18. Coordinate, manage, and submit required documentation and deposits of council proceeds due from participants at the level I am accepting responsibility for.

I understand and agree that I am responsible for all council proceeds due to Girl Scouts in the Heart of Pennsylvania from the Product Sales Program, which I will collect from participants at the level I am accepting responsibility for, and that the council may take collection action against me for any misplaced or lost proceeds I received from participants. The collection action would seek any delinquent unpaid balances from me, and require that all related costs be paid. I understand that the courts of Dauphin County, Pennsylvania will have jurisdiction for the purposes of collection.

Please complete the following information:

_____
Manager's Name (please print)

_____
Address

_____
City **State** **Zip Code**

(_____)_____(_____)_____
Home Phone number **Cell Number**

_____
Email Address

_____
Signature of Manager

_____ _____ _____
Service Unit Number **5-digit Troop Number (if applicable)** **Date**

If applicable, please provide troop leader's information:

_____
Troop **Leader's Name (please print)**

_____
Address

_____
City **State** **Zip Code**

(_____)_____(_____)_____
Home Phone number **Cell Number**

_____
Email Address

_____
Signature of Leader

_____ _____
5-digit Troop Number **Date**

***WHITE COPY** – returned to: SU Product Manager /*Regional Product Sales Associate ***YELLOW COPY** – Keep for your records*