



## VOLUNTEER POSITION DESCRIPTION

### TROOP COOKIE SALE MANAGER

**PURPOSE:** To coordinate the sale of cookies for the troop by attending training, compiling troop orders, distributing cookies, coordinating booth sales, preparing final reports and distributing recognitions.

**APPOINTED BY:** Troop Leader

**ACCOUNTABLE TO:** Service Unit Cookie Manager

**TIME COMMITMENT:** September - April

#### **RESPONSIBILITIES:**

1. Attend service unit cookie sale program training.
2. Pick up program materials and cookie distribution information from the service unit cookie manager.
3. Obtain a proper location for the distribution and storage of the cookies.
4. Train the girls and distribute necessary sale materials.
5. Inform parents of all cookie sale program related information, including parent responsibilities, sale dates, cookie pick-up procedures, booth sales, and help needed.
6. Consolidate troop cookie order and ensure that it is received by the deadline date.
7. Contact parents and make arrangements for them to pick up and sign for their daughter's cookies.
8. Make arrangements for booth sales and coordinate with parents to ensure all cookies are sold.
9. Ensure that all cookie sale reports and forms are completed and accompanied by three validated bank deposit slips. All reports and forms are to be turned in to the service unit cookie manager by the deadline date. Attach a note explaining any incomplete information.
10. Follow up with parents to collect any outstanding monies.
11. Distribute recognitions to girls/parents soon as possible, following the cookie sale.

*PERSONAL CONTACT LIST:*

Service Unit Cookie Manager (Volunteer) \_\_\_\_\_

Service Unit Director (volunteer): \_\_\_\_\_

Product Sales Manager (staff): \_\_\_\_\_

Membership Specialist (staff): \_\_\_\_\_

Membership Manager (staff): \_\_\_\_\_

**AGREEMENT STATEMENT**

A council staff person or designated volunteer has reviewed this position description with me. I agree to carry out the responsibilities in this description. I acknowledge that as a volunteer with a child-serving organization, I am required by state law to report suspected child abuse.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Council Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ + \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail address \_\_\_\_\_