

# SU Cookie Consultant Appointment Agreement

SU # \_\_\_\_\_

Volunteer Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone D ( ) \_\_\_\_\_ E ( ) \_\_\_\_\_ C ( ) \_\_\_\_\_

Supervisor: Jessica Stacy – Product Program Specialist Email: info@gswestok.org

Address: 6100 N. Robinson City: Oklahoma City Zip: 73118

Phone Daytime (405) 528-GIRL (4475) Cell (405) 706-0575

**This SU Cookie Consultant agreement contains commitments to quality management of the SU's cookie sale.**

1. As a Service Unit Cookie Consultant, I will complete the Service Unit Cookie Consultant training before November 1, 2019.
2. I will train Troop Cookie Consultants at the SU level either during the November 12, 2019 Troop Cookie Webinar or at a SU meeting. I will train troop leaders who join the cookie sale thereafter.
3. I will attend all SU meetings from December through May to answer cookie questions and pass out recognitions or will ensure someone attends in my place who can answer questions.
4. I will ensure that all participating girls and adults in the sale are registered.
5. I will promptly distribute cookie sale information and troop/group packets to each troop/group in the SU.
6. I will submit the SU's initial cookie order by January 6, 2020.
7. I will locate and reserve a delivery site for the cookie delivery (where applicable).
8. I will organize the SU's cookie delivery and troop pick-up by obtaining volunteers and scheduling times for the troops (where applicable).
9. After the sale, I will collect each Troop/Group's Sales Reports and all other cookie sale paperwork. I will check each for accuracy.
10. I will ensure that all data is entered in eBudde. I will make an appointment to meet the week beginning April 6, 2020 with the product sales team. At that time, I will turn in all paperwork or will mail it by April 10, 2020.
11. I will observe all national and council policies, procedures, and standards.

I have read the SU Cookie Consultant Appointment Agreement and will fulfill all requirements as listed. I also understand that I must complete these requirements to be considered for re-appointment.

Length of term: 9 Months Term from: October 1<sup>st</sup>, 2019 to June 30<sup>th</sup>, 2020

Signature of SU Cookie Consultant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_