



Girl Scouts of Southeastern Michigan

# Product Programs: Agreement to Assume Debt Form for Troops

## Purpose of this Form:

The purpose of this form is to clearly spell out the financial and procedural requirements for the position of Troop Product Program Manager, specifically, the person responsible for fulfilling all requirements and obligations of the product program for their troop.

Service Unit # \_\_\_\_\_ Troop # \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

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

Phone (d) \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_ 2021 Fall Product Program \_\_\_\_\_ 2022 Cookie Program

## Obligation for Debt:

I understand that I am taking responsibility for all Product Program monies owed to GSSEM. (Initial) \_\_\_\_\_

I understand that all funds must be accounted for. (Initial) \_\_\_\_\_

I understand that GSSEM may pursue collections and criminal charges against me if funds are not accounted for. (Initial) \_\_\_\_\_

I understand that all money collected from product sale programs belongs to the Girl Scout troop and to the Girl Scouts of Southeastern Michigan, and I may not personally use these funds for any reason. (Initial) \_\_\_\_\_

I understand that volunteers who misuse funds for which they are responsible will be released from all positions with GSSEM. (Initial) \_\_\_\_\_

## Responsibility for following product program procedures:

I understand that I must be a registered Girl Scout adult member with a background check to serve as the Troop Product Program Manager. (Initial) \_\_\_\_\_

I understand that I am responsible for monitoring the troop's online Fall Product Program and/or cookie accounts and promptly notifying GSSEM of any product transactions not authorized by the troop. (Initial) \_\_\_\_\_

I understand that I must deposit all money turned in to me by parents/guardians and from booth programs promptly into the troop's bank account. (Initial) \_\_\_\_\_

I understand that I must provide parents/guardians with a receipt anytime products are distributed or monies are collected. (Initial) \_\_\_\_\_

I understand that I must submit an Unpaid Parent/Guardian Account Form in the event that any parent/guardian does not pay for their product. Once the Unpaid Parent/Guardian Account form is submitted to GSSEM, I am not responsible for the parent/guardian's debt. (Initial) \_\_\_\_\_

I understand that volunteers who do not follow product program procedures will be released from all positions with GSSEM (Initial) \_\_\_\_\_

\_\_\_\_\_  
Signature – Parent/Guardian

\_\_\_\_\_  
Date