



# FALL PRODUCT PROGRAM **DELIVERY SPECIALIST** Service Team Position Description

**SUMMARY** Coordinate, schedule, and execute the delivery and pick up of product.

**SUPPORTED BY** [Product Program Team](#) and Member Support Executive

**APPOINTED BY** The Member Support Executive and Service Team Fall Product Program Manager in partnership with the Product Program Team for one year; reappointment based on annual evaluation.

## **RESPONSIBILITIES/DUTIES**

- » Coordinate with the Product Program Team or delivery agent to secure delivery location and time.
- » Secure additional volunteers for delivery and pick up.
- » Schedule troops to pick up fall product.
- » Can receive a large amount of product at one time.

## **REQUIREMENTS AND QUALIFICATIONS TO BECOME FALL PRODUCT PROGRAM DELIVERY SPECIALIST**

- » Present a positive image of Girl Scouting to girls, volunteers, and community members.
- » Comply with all GSUSA and council policies and procedures, including Volunteer Essentials. Recognize, understand, accept, and support all council goals and objectives, including the Diversity Equity and Inclusion Statement.
- » Be guided in all actions by the Girl Scout Mission, Promise, and Law.
- » Be a registered member of GSACPC with a current background check.
- » Complete Fall Product Program council training.
- » Leadership From the Inside Out online resource recommended.
- » Must be detail oriented, computer literate and able to coordinate an efficient time schedule. Candidate should be a people person.
- » Must have a name/address that can accept shipments and have a room that can be used to store and sort the rewards.
- » Must check email daily.

By signing this agreement, I acknowledge that I have read, understand and agree to all responsibilities and requirements listed above. In addition, as a volunteer serving in a Service Team position, I understand that some of my work will involve access to information/records that are considered confidential. I acknowledge my responsibility to respect the confidentiality of all volunteer and troop records, to follow council procedures in order to protect privacy and to act in a professional manner. I further understand that if I am found misusing confidential material or not protecting the privacy of others through my actions, I may be released from my position immediately.

SIGNATURE OF VOLUNTEER \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ SERVICE UNIT \_\_\_\_\_

**Thank you for your time and commitment!**