



State Employees Commuter Association, PO Box 14373 Albuquerque, NM 87191-4373
1-866-732-2826 - (505) 410-1742 voice - sec4809@seca-vanpools.org

Vanpool Coordinator Agreement

Applicant's Name _____

Contact Information: Email Address _____

Work Phone _____ Home Phone _____ Cell Phone _____

Home Address _____

City _____ State _____ Zip _____

Employed by _____

Vanpool Coordinator Statement of Responsibility

As the designated vanpool coordinator for SECA Route # _____, I understand and accept the following responsibilities:

1. I am responsible for ensuring that passenger fares are collected and deposited into the assigned van account in a timely manner, but no more than 8 working days from the date of receipt. I agree that all funds collected shall be accounted for in the proper manner outlined in the SECA Policies and Procedures. Receipts will be given to any member paying for his/her ride in cash.
2. I am responsible for preparing the required monthly reporting documents and forwarding them along with receipts, supporting documents, and monthly payment to the SECA office no later than the 10th day of each month if mailed, or by the 15th day of each month if hand-delivered to the SECA office.
3. I am responsible for serving as the van's point-of-contact with the SECA Administrator and the Board of Directors. As such, I agree to receive, read, and act/respond to requests in a timely manner.
4. I am responsible for ensuring that all SECA Policies and Procedures are complied with by my assigned vanpool. This includes, but is not limited to, policies regarding vehicle maintenance and safety and financial practices.
5. I am responsible that no person drives the assigned SECA vehicle, even for short distances, until they have met all driver requirements and have been placed on the SECA insurance policy as verified with the SECA Administrator. I further agree to ensure that the assigned vehicle is only used to transport members to and from work and during assigned hours of operation and never used for any other reason.

By my signature below, I accept and agree to all of the above responsibilities. I understand that I may delegate tasks, e.g., vehicle maintenance, driving, or treasurer tasks, to other members of this vanpool, but I agree to retain full responsibility for ensuring that all tasks, delegated or not, are completed properly and in a timely manner. I understand that if I fail to perform the assigned duties and responsibilities of a van coordinator, the SECA Administrator may recommend my removal from this position to the Board of Directors. If removed, I agree to work with the SECA Administrator to ensure a smooth transition of funds and SECA property to the replacement coordinator.

Van Coordinator's Signature Route # _____ Date _____