



USE OF PRIVATELY OWNED VEHICLE AFFIDAVIT FORM
EMPLOYEES AND VOLUNTEERS CERTIFICATION

I, _____, hereby affirm that pursuant to the laws of the State of Ohio, I have an automobile insurance policy or other proof of financial responsibility as required in sections 4509.45 and 4509.51 of the revised code.

I further agree to report any traffic violations (except Parking), if my license is suspended, revoked or cancelled, or cancellation of personal insurance, as soon as possible after they occur and prior to driving any vehicle on behalf of the County, to the Home Delivered Meals Coordinator. .

I understand that by giving incorrect information or by omitting information I am falsifying my application and this affidavit, and therefore I may be subject to termination.

I understand that a driver's license check will be completed and evaluated against the county driver eligibility guidelines point assessment and accumulation on an annual basis or as determined necessary by the employer.

Driver's License Number _____

Expiration Date _____

Name As Appears on Driver's License: _____

Employee/Volunteer Certification

I state that the information contained in this form is complete and true to the best of my knowledge.

****Please also attach a copy of your current automobile insurance card****

Signature of Employee/Volunteer

Date