



APPLICATION FOR VOLUNTEERING

in a healthcare facility
due to an emergency epidemiological situation

Name:	
Study program:	
Year of study:	

By signing, I confirm the voluntary application and agree to the processing of my personal data in accordance with § 5. a) and in accordance with § 14 of Act No. 18/2018 of codex on the protection of personal data and on amendments and supplements to certain laws to a healthcare facility to the extent submitted in my application for volunteering during an emergency epidemiological situation.

I give my consent for the period of volunteering, which I confirm by my signature.

Date _____

Student's signature

CONFIRMATION OF VOLUNTEERING BY A HEALTHCARE FACILITY

Exact name: _____

Address: _____

I declare that named student has been volunteering in our healthcare facility to the extent listed on page 2.

Date from - to	Activity / position / job description	Time range in hours	Responsible worker's signature

In

Date

.....
stamp and signature of the authorized worker
of healthcare facility

Deliver the original paper to the Study Department after volunteering.