Attachment to the Volunteer Agreement

………………………………………

Header stamp of the unit (Beneficiary)

**CERTIFICATE OF VOLUNTARY SERVICE PERFORMED BY A VOLUNTEER**

Pursuant to Regulation of the Minister of Education and Science of 23 October 2020 amending the regulation *on training standards for the profession of physician, dentist, pharmacist, nurse, midwife, laboratory diagnostician, physiotherapist and paramedic* (Dz.U. 2020, item 1881) in connection with the signed agreement for volunteering, I certify as follows:

|  |
| --- |
| Name and surname of the student, index number, year of study, faculty |
|  |
| Academic year |
|  |
| Unit: medical entity (and department) / sanitary and epidemiological services |
|  |
| Number of hours of volunteering activities performer by the student: period, number of hours/days (day=6h) |
|  |
| Scope of work performer by the student/ Nature of activities performed (description) |
|  |

………………………………………………………………..

date, stamp and signature of the coordinator of the voluntary service in the Unit (Beneficiary)