Supplementary material

Key criteria

The issue of establishing criteria for volunteer service is viewed differently by individual countries, as well as by the organizations themselves. If the requirements are not clearly defined by legal regulations, then the assessment of volunteer selection is entirely based on the experience and responsibility of the volunteer organization.

Criterion 1.1 Professional Competence: Professional competence means meeting certain qualification and educational requirements that allow a person to perform specific activities in healthcare. Volunteers with this competence can provide quality care because they have the necessary theoretical knowledge and practical skills to effectively respond to patient needs. However, they cannot replace professional healthcare staff who meet the legal requirements to practice independently (e.g., general nurses, paramedics) according to Act No. 96/2004 Coll. For professional volunteering in hospitals during emergencies, caregiver competence is required. This can be obtained, for example, by completing an accredited qualification course in caregiving or by studying relevant healthcare fields at a university or higher medical school (Act No. 96/2004 Coll.).

In the Czech Republic, Germany, and Austria, general legislation on volunteering does not specify requirements for professional competence (Act No. 198/2002 Coll.; Act No. 170/2011 Coll.; Act No. 17/2012 Coll.). The Slovak Volunteering Act defines a volunteer as a natural person who performs volunteer activities based on their abilities, skills, or knowledge (Act No. 406/2011 Coll.). Polish law states that volunteers can, under the conditions specified in the Public Benefit and Volunteer Work Act, provide services, among other things, to healthcare entities. In such cases, the volunteer should meet the qualifications and other requirements appropriate to the type and scope of services provided if the obligation to have such qualifications and meet the relevant requirements arises from specific regulations (Act No. 96/2003 Coll.).

Criterion 1.2 Health Eligibility: In the Czech Republic, a volunteer for short-term volunteer service is required to present a medical certificate not older than 3 months, in which the registering doctor, based on an assessment of the volunteer's health, specifies the activities that the volunteer is unable to perform due to their health condition (Act No. 198/2002 Coll.). In Slovakia, volunteer activities performed by individuals under 18 must be appropriate to their anatomical, physiological, and psychological characteristics of their age or activities where they would be exposed to an increased risk of injury or other health damage. For volunteer activities performed abroad, the volunteer must submit a medical certificate or a sworn statement to the sending organization before signing the contract, affirming that they are not aware of any health obstacles to performing the volunteer activity considering the nature and type of volunteer activity specified in the contract proposal (Act No. 406/2011 Coll.). In Poland, Germany, and Austria, the laws on volunteering do not regulate conditions for health eligibility (Act No. 96/2003 Coll.; Act No. 170/2011 Coll.; Act No. 17/2012 Coll.).

Criterion 1.3 Criminal Integrity: In the Czech Republic, an individual is considered to have criminal integrity if they have not been definitively sentenced to an unconditional prison term for a deliberate crime committed in connection with the provision of healthcare services, or if they had not been convicted. Criminal integrity is demonstrated by a criminal record extract or a certificate proving the fulfillment of the integrity condition issued by the state of which the individual is a citizen, and by documents issued by states where the individual has resided for more than six continuous months in the last three years. The criminal record extract and these documents must not be older than three months (Act No. 96/2004 Coll.).

In some jurisdictions, there may be legal requirements mandating that individuals working in healthcare, including volunteers, must have a clean criminal record.

In Austria, volunteers, especially those working in healthcare and social services, must be of good character. Good character is documented by a criminal record certificate that must be no older than three months. This requirement is specified in the Austrian Volunteer Act, particularly in § 6 of the Freiwilligengesetz. Volunteers must prove that they have not been convicted of serious crimes, including intentional crimes related to providing healthcare services. The criminal record certificate must be presented not only from Austria but also from other countries where the individual has resided for more than six months in the past three years. According to Slovak Law No. 406/2011 Coll. on Volunteering, volunteers must demonstrate good character with a current criminal record certificate, which must be no older than three months. If an individual has resided or worked in other countries for more than six months in the past three years, they must also provide criminal record certificates from those countries. In Poland, volunteers in sensitive areas, including healthcare, must prove their good character with a criminal record certificate. This certificate, which must be no older than three months, confirms that the individual does not have a record of serious intentional crimes. In the healthcare sector, the requirements for good character are more stringent, with a focus on crimes that could endanger patient safety, such as violent crimes, sexual offenses, and fraud. If a volunteer has lived or worked in other countries in recent years, they may be required to provide criminal record certificates from those countries.

Criterion 2 Length of Experience in Healthcare Fields: We typically measure the length of experience in years. However, this parameter alone does not guarantee that a candidate will be optimally suited for the job. In many countries, the length of experience is considered an important factor when evaluating candidates for volunteer positions. It provides a specific indicator that suggests to what extent a candidate is familiar with the environment and the specific needs of patients. The emphasis on the length of experience varies according to the type of facility and the complexity of the position. For example, in nursing homes, shorter experience may be acceptable, while in specialized treatment facilities, candidates with longer experience are preferred. Other aspects are always considered as well, such as the candidate's motivation, approach to work, and relevant skills. Assessing the length of experience and relevant skills for volunteer positions in facilities for the sick and disabled is a complex process. Abroad, emphasis is placed on both aspects. Currently, there is no legal regulation of volunteering that imposes requirements on the length of experience in healthcare fields.

Criterion 3 Costs of Volunteering: Volunteering in hospitals involves various costs borne by both volunteers and the hospitals. Major expenses include training new volunteers, which covers materials and instructors' salaries, and coordinating the volunteer program, which includes the salaries of coordinators and administrative expenses. Hospitals often provide uniforms, personal protective equipment, name tags, and badges, and may cover vaccinations and health check-ups. Other costs include volunteer accident insurance and liability insurance, as well as investments in promotional materials and the recruitment of new volunteers.

In the conditions of the Czech Republic, financial resources can be drawn from grants. Grants can cover, for example, the salary of a volunteer coordinator; other personnel costs (e.g., agreements on work performance or activities) and invoiced personnel services related to the project's implementation (e.g., training, supervision); reimbursement of travel expenses (public transportation is preferred, but in justified cases, the operation of cars or other motor vehicles based on Act No. 262/2006 Coll., the Labour Code, is allowed); contributions to meals during the preparation and execution of volunteer service; and mandatory liability insurance for volunteers (liability for damage to property or health caused by or to the volunteer). Grants are generally provided for the implementation of volunteer service according to the Volunteering Act, which covers only a narrow part of state-supported volunteering. The Volunteering Act applies to organizations that have obtained accreditation for the field of volunteer service and to those that accept volunteers under the

accredited system. It also includes volunteers dispatched by organizations with accredited programs. (Ministry of the Interior of the Czech Republic, 2023).

In Slovakia, a volunteer is entitled to receive work clothing, other personal protective equipment, and travel expense reimbursement from the sending organization or the recipient of the volunteer activity. The sending organization or recipient of the volunteering service is obligated to cover the volunteer's expenses for voluntary sickness insurance, voluntary pension insurance, and voluntary unemployment insurance according to special regulations, as well as health insurance if applicable, and to pay these during the performance of volunteer activities (Act No. 406/2011 Coll.). In Germany, volunteers may receive only certain monetary and non-monetary benefits for performing voluntary service, such as appropriate pocket money (a monthly allowance not exceeding 8% of the maximum monthly contribution assessment applicable in the general pension insurance system and corresponding to the pocket money of others engaged in youth voluntary service according to the Youth Voluntary Service Act and performing comparable activities at the placement location), free accommodation, meals, and work clothing, or equivalent monetary compensation and mobility allowances or equivalent in-kind benefits (Act No. 170/2011 Coll.). Austrian legislation on volunteering does not specify the reimbursement of costs for volunteers in detail (Act No. 17/2012 Coll.). Polish law regulates the conditions and principles for the operation of legal entities carrying out public benefit activities and volunteering. The recipient may cover the volunteer's travel expenses and meals; other necessary expenses incurred by the volunteer in connection with providing services; and costs related to the professional training of volunteers. Additional rights of volunteers include entitlement to healthcare under the conditions specified in regulations on publicly funded health services; and entitlement to services in the event of an accident while performing services. Insurance reimbursements (if the volunteer provides services for no longer than 30 days, they are required to have accident insurance and medical expenses insurance) (Act No. 96/2003 Coll.).

Criterion 4: Driving License Group B: The requirement for volunteers in hospitals to hold a Group B driving license during emergencies is justified and important for several reasons. It ensures flexibility, rapid response, and the ability to effectively support the logistical needs of healthcare facilities. Logistics is a crucial component of the efficient operation of healthcare facilities, especially during emergencies. Volunteers with a driving license can assist in transporting medical supplies, equipment, and even personnel, thereby contributing to the smooth operation of hospitals.

In Germany, Austria, Slovakia, and Poland, there is no specific law mandating that volunteers in hospitals must have a driving license. However, many hospitals prefer this qualification. For instance, the American Red Cross states that volunteers who can drive are better able to support hospitals by transporting patients for examinations, delivering medical supplies, or assisting with the relocation of staff between different departments or facilities (American Red Cross, 2024).

Results

The systematic procedure for selecting volunteers is developed based on the implementation of multi-criteria evaluation methods. Sequential steps are directed towards the selection of volunteers who will be competent in performing selected activities of healthcare personnel in hospitals during crisis preparedness. A step-by-step, organized, and targeted process is elaborated in individual, interconnected steps.

Table S1 contains input data from 20 candidates who underwent testing and selection using the MEVYDO methodology. It is used to compare volunteers based on several important criteria that affect their suitability for volunteering in hospitals during emergency situations. Each row in the table

represents one volunteer (numbered 1 to 20), and each column shows how the volunteer meets specific requirements (criteria).

Table S1. Volunteer profile

	K1.1 Professional Qualification for Job Performance	K1.2 Health Eligibility	K1.3 Criminal Integrity	K2 Length of Practice in Healthcare Fields	K3. Volunteering Costs	K4. Category B Driver's License
Units	0/1	0/1	0/1	years	CZK/person	0/1
type of criteria	binary	binary	binary	max.	min.	binary
Volunteer 1	1	1	1	5	1200	1
Volunteer 2	0	1	1	0	1000	0
Volunteer 3	1	1	1	9	1900	1
Volunteer 4	1	1	1	5	1300	0
Volunteer 5	1	1	1	14	3000	1
Volunteer 6	1	1	1	6	2000	1
Volunteer 7	1	1	1	8	1900	1
Volunteer 8	0	1	1	0	3000	0
Volunteer 9	1	1	1	6	1300	1
Volunteer 10	1	1	1	10	3000	1
Volunteer 11	1	1	1	4	2800	1
Volunteer 12	1	1	1	15	3000	1
Volunteer 13	1	1	1	0	3000	1
Volunteer 14	1	1	1	10	1950	1
Volunteer 15	0	1	1	0	3000	1
Volunteer 16	1	1	1	12	1700	1
Volunteer 17	1	1	1	7	1850	1
Volunteer 18	1	1	1	7	3000	1
Volunteer 19	1	1	1	14	1200	0
Volunteer 20	1	1	1	18	3000	1

Note: Each candidate is over 15 years old.

Step No. 1: Establishment and Definition of Criteria for Volunteer Selection

The phase of establishing and defining criteria for volunteer selection is the most critical and essential stage of the selection process. Setting inappropriate criteria can have a significant negative impact on the entire volunteer selection process, including their subsequent utilization when needed. For this reason, it is recommended to carefully consider the selection of criteria and definition of requirements, formulate them clearly, and if necessary, consult with experts in the relevant field. For the purposes of the study, the authors define six fundamental criteria, as described in the methodology. The following description is based on a situation where criteria have been established, and there is a model group of 20 applicants that will be filtered using the specified aspiration levels.

In the theory of multi-criteria decision-making, we work with criteria, denoted generally as k, and variants, denoted generally as p. The value achieved by variant i for criterion j is represented by the symbol yij, and it is referred to as the criterion value. It is convenient to organize these values into a

matrix called a criterion matrix. The rows of the criterion matrix correspond to individual variants, and the columns correspond to individual criteria.

Step No. 2: Conversion of Criteria of the Same Type

For the subsequent manipulation with the criterion matrix, it is beneficial when all criteria are of the same type, either minimization or maximization. Converting criteria to the same type is straightforward, as each minimization criterion can be transformed into a maximization criterion. The principle involves finding the highest (worst) value among the variants and subtracting the criterion value from it. In the example, this concerns the conversion of criterion K3, volunteering costs, where the highest (worst) value is 3000. The transformation will replace the original criterion value $yi4$ with $3000–yi4$.

The conversion from a minimization criterion to a maximization criterion is performed using the formula:

$$Yij–max = Hj–min – Yij–min;\ i = 1.2, \dots, k$$

That means, starting from the current maximum element Hj (3000) in the given column, we subtract all other elements successively, thereby converting the column with a minimization criterion into a maximization one.

Step No. 3: Expression of Criterion Preferences

In this phase, the decision-maker must express their preferences for individual criteria. Various approaches can be used. One method involves setting aspirational levels for criteria, defining minimum values for maximization criteria (or maximum values for minimization criteria). This indirectly expresses criterion preferences, with stricter limits for more important criteria. Other methods include establishing criteria order (ordinal information), criteria weights (cardinal information), or measuring substitution between criterion values, forming the basis for compensatory methods in multi-criteria decision-making. For this work, a combination of aspirational levels and the weight method is selected.

Aspiration levels

Initially, criterion preferences were assessed using aspiration levels, dividing variants into acceptable and unacceptable. Adjustments to levels may be necessary based on the number of suitable applicants. In this case, the initial setting of aspiration levels sufficed.

The initial aspiration level setting is as follows (with adjustments made for salary requirements):

a(1) = (1; 1; 1; -; 3000; 1)

For the criteria:

1. Eligibility for healthcare and professional work requires meeting Professional Eligibility, Health Eligibility, and Criminal Record criteria.
2. Length of healthcare experience is not required.
3. Volunteering Costs are set at 3000 CZK/person.
4. Driver's license (Category B) is required.

These volunteers did not meet the required aspirational levels of the criteria and were therefore excluded from further evaluation:

- Volunteer 2: K1.1 Professional Qualification: No (0); K4 Category B Driver's License: No (0);
- Volunteer 4: K4 Category B Driver's License: No (0);
- Volunteer 8: K1.1 Professional Qualification: No (0); K4 Category B Driver's License: No (0);
- Volunteer 15: K1.1 Professional Qualification: No (0);
- Volunteer 19: K4 Category B Driver's License: No (0).

These criteria reduced the number of applicants from 20 to 15 in the study model.

Setting criteria weights using the Pairwise Comparison Method: Saaty's Method

Comparison of each pair of criteria and determination of the preference magnitude of the *i*-th criterion relative to the *j*-th criterion are recorded in Saaty's matrix S = (sij) (Table S2).

Table S2. Pairwise comparison matrix

$$\begin{pmatrix} 1 & 1 & 1 & 7 & 9 & 7 \\ 1 & 1 & 1 & 7 & 9 & 7 \\ 1 & 1 & 1 & 7 & 9 & 7 \\ 1/7 & 1/7 & 1/7 & 1 & 7 & 7 \\ 1/9 & 1/9 & 1/9 & 1/7 & 1 & 1 \\ 1/7 & 1/7 & 1/7 & 1/7 & 1 & 1 \end{pmatrix}$$

Calculation of geometric means of the rows of Saaty's matrix can be computed using the formula (Fiala et al., 1994; Fotr and Švecová, 2016):

$$g_i = \sqrt[k]{\prod_{j=1}^{k} s_{ij}}, \quad i, j = 1.2, \ldots, k.$$

Eq. A1

g_i = (3.27; 3.27; 3.27; 0.95; 0.25; 0.41).

Calculation of the normalization of the determined weights:

In the case that we normalize the row geometric means, we obtain the normalized weights for the set of criteria. The normalization of the determined weights is performed according to the formula (Fiala et al., 1994; Fotr and Švecová, 2016):

$$v_i = \frac{g_i}{\sum_{i=1}^{k} g_i}; \quad i, j = 1.2, \ldots, k$$

Eq. A2

v_i= (0.29; 0.29; 0.29; 0.08; 0.02; 0.04).

Step No. 4: Evaluation of Variants

The principle of the TOPSIS method involves evaluating variants based on their distance from the ideal and basal variants. This method requires cardinal assessments of variants according to individual criteria and the weights of these criteria. The method's procedure will be explained in the following steps.

Transformation of the criterion matrix into a normalized form

In the criterion matrix, there are criteria expressed in different units (binary assessment, scales, CZK/person, years, etc.). To make the data in the criterion matrix comparable, they are transformed into a normalized form, as illustrated in Table S3. The normalized value takes only values in a closed interval *rij* = <0.1>, where *Dj* corresponds to the value 0 and *Hj* corresponds to the value 1, according to the formula (Fiala et al., 1994; Fotr and Švecová, 2016):

$$r_{ij} = \frac{y_{ij}}{\sqrt{\sum_{i=1}^{p} (y_{ij})^2}}$$

Eq. A3

Table S3. Normalized criterion matrix

$$\begin{pmatrix}
0.26 & 0.26 & 0.26 & 0.13 & 0.49 & 0.26 \\
0.26 & 0.26 & 0.26 & 0.24 & 0.30 & 0.26 \\
0.26 & 0.26 & 0.26 & 0.37 & 0.00 & 0.26 \\
0.26 & 0.26 & 0.26 & 0.16 & 0.27 & 0.26 \\
0.26 & 0.26 & 0.26 & 0.21 & 0.30 & 0.26 \\
0.26 & 0.26 & 0.26 & 0.16 & 0.46 & 0.26 \\
0.26 & 0.26 & 0.26 & 0.26 & 0.00 & 0.26 \\
0.26 & 0.26 & 0.26 & 0.11 & 0.05 & 0.26 \\
0.26 & 0.26 & 0.26 & 0.39 & 0.00 & 0.26 \\
0.26 & 0.26 & 0.26 & 0.00 & 0.00 & 0.26 \\
0.26 & 0.26 & 0.26 & 0.26 & 0.28 & 0.26 \\
0.26 & 0.26 & 0.26 & 0.32 & 0.35 & 0.26 \\
0.26 & 0.26 & 0.26 & 0.18 & 0.31 & 0.26 \\
0.26 & 0.26 & 0.26 & 0.18 & 0.00 & 0.26 \\
0.26 & 0.26 & 0.26 & 0.47 & 0.00 & 0.26
\end{pmatrix}$$

Calculation of the Weighted Criterion Matrix

In this step, we will calculate the weighted criterion matrix *W* by multiplying each *j*-th column of the normalized criterion matrix by the corresponding weight *vi*. The calculation is performed using the formula: *wij* = *vi*·*rij*, with the use of the computed vector *v* = (0.29; 0.29; 0.29; 0.08; 0.02; 0.04), obtained by determining the weights of criteria, as processed in Table S4.

Table S4. Weighted criterion matrix

$$\begin{pmatrix} 0.0728 & 0.0728 & 0.0728 & 0.0104 & 0.0098 & 0.0104 \\ 0.0728 & 0.0728 & 0.0728 & 0.0192 & 0.0060 & 0.0104 \\ 0.0728 & 0.0728 & 0.0728 & 0.0296 & 0.0000 & 0.0104 \\ 0.0728 & 0.0728 & 0.0728 & 0.0128 & 0.0054 & 0.0104 \\ 0.0728 & 0.0728 & 0.0728 & 0.0168 & 0.0060 & 0.0104 \\ 0.0728 & 0.0728 & 0.0728 & 0.0128 & 0.0092 & 0.0104 \\ 0.0728 & 0.0728 & 0.0728 & 0.0208 & 0.0000 & 0.0104 \\ 0.0728 & 0.0728 & 0.0728 & 0.0088 & 0.0010 & 0.0104 \\ 0.0728 & 0.0728 & 0.0728 & 0.0312 & 0.0000 & 0.0104 \\ 0.0728 & 0.0728 & 0.0728 & 0.0000 & 0.0000 & 0.0104 \\ 0.0728 & 0.0728 & 0.0728 & 0.0208 & 0.0056 & 0.0104 \\ 0.0728 & 0.0728 & 0.0728 & 0.0256 & 0.0070 & 0.0104 \\ 0.0728 & 0.0728 & 0.0728 & 0.0144 & 0.0062 & 0.0104 \\ 0.0728 & 0.0728 & 0.0728 & 0.0144 & 0.0000 & 0.0104 \\ 0.0728 & 0.0728 & 0.0728 & 0.0376 & 0.0000 & 0.0104 \end{pmatrix}$$

Determination of the Ideal and Basal Variants

We determine the ideal variant (max.) *H* with assessments (1,...,)(*H*1,...,*Hk*) and the basal variant (min.) *D* with assessments (1,...,)(*D*1,...,*Dk*) with respect to the values of the weighted criterion matrix.

Hmax = (0.0728; 0.0728; 0.0728; 0.0376; 0.0098; 0.0104)

*D*min = (0.0728; 0.0728; 0.0728; 0; 0; 0.0104)

Calculation of the Distance from the Ideal Variant

We calculate the distance from the ideal variant, which can be computed using the formula:

$$d_i^+ = \sqrt{\sum_{j=1}^{k} \left(w_{ij} - H_j\right)^2}$$

Eq. A4

H(max.) = (0.0728; 0.0728; 0.0728; 0.0376; 0.0098; 0.0104)

Calculation of the Distance from the Basal Variant

We calculate the distance from the basal variant, which can be computed using the formula:

$$d_i^- = \sqrt{\sum_{j=1}^{k} \left(w_{ij} - D_j\right)^2}$$

Eq. A5

D(min.) = (0.0728; 0.0728; 0.0728; 0; 0; 0.0104)

Calculation of the Relative Indicator of Distances of Variants from the Basal Variant

In the final step, we calculate the relative indicator of distances of variants from the basal variant, which can be computed using the formula (illustrated in Table S5):

$$c_i = \frac{d_i^-}{d_i^+ + d_i^-}$$

Eq. A6

The indicator values range between 0 and 1, where 0 corresponds to the basal variant and 1 to the ideal variant. We arrange the variants in descending order based on the values of the *ci* indicator. The required number of variants with the highest values of this indicator are considered the solution to the problem. We will rank the options in descending order based on their values:

Table S5. Final ranking of volunteers

Ranking	Volunteer	*ci*
1.	Volunteer 20	0.793
2.	Volunteer 12	0.727
3.	Volunteer 5	0.701
4.	Volunteer 16	0.683
5.	Volunteer 14	0.554
6.	Volunteer 3	0.517
7.	Volunteer 10	0.517
8.	Volunteer 7	0.458
9.	Volunteer 17	0.400
10.	Volunteer 9	0.389
11.	Volunteer 6	0.356
12.	Volunteer 18	0.364
13.	Volunteer 1	0.344
14.	Volunteer 11	0.227
15.	Volunteer 13	0.000

In Table S5, the volunteers (options) are ranked according to their relative proximity to the ideal solution in descending order, where a value of 1.000 indicates the highest relative proximity to the ideal solution.

References

1. Act No. 198/2002 Coll., o dobrovolnické službě a o změně některých zákonů (zákon o dobrovolnické službě) [on Volunteer Service and on Amendment of Selected Laws (Act on Volunteer Service)]. In: Sbírka zákonů České republiky, částka 82/2002.
2. Act No. 96/2003 on Public Benefit Activity and Volunteering. Polish Republic.
3. Act No. 96/2004 Coll., o podmínkách získávání a uznávání způsobilosti k výkonu nelékařských zdravotnických povolání a k výkonu činnosti souvisejících s poskytováním zdravotní péče a o změně některých souvisejících zákonů (zákon o nelékařských zdravotnických povoláních). In: Sbírka zákonů České republiky, částka 30/2004. [On the Conditions for Acquiring and Recognizing Qualifications for the Practice of Non-Medical Healthcare Professions and for the Performance of Activities Related to the Provision of Healthcare, and on the Amendment of Certain Related Acts (Act on Non-Medical Healthcare Professions), as amended].
4. Act No. 262/2006 Coll., zákoník práce [the Labour Code]. In: Sbírka zákonů České republiky, částka 84/2006.
5. Act No. 406/2011 Coll. on Volunteering. Slovak Republic.
6. Act 170/2011 Coll. on the Federal Voluntary Service (Bundesfreiwilligendienst). The Federal Republic of Germany. [online] [cit. 2024-05-20]. Available from: https://www.gesetze-im-internet.de/englisch_bfdg/index.html
7. Act No. 17/2012 Coll. on Volunteering (Freiwilligengesetz). Republic of Austria.
8. American Red Cros (2024). Become a Volunteer. [online] [cit. 2024-06-06]. Available from: https://www.redcross.org/volunteer/become-a-volunteer.html
9. Fiala P, Jablonský J, Maňas M (1994). Multikriteriální rozhodování. Prague: Vysoká škola ekonomická v Praze, 316 p.
10. Fotr J, Švecová L (2016). Manažerské rozhodování: postupy, metody a nástroje. Prague: Ekopress, 474 p.
11. Ministry of the Interior of the Czech Republic (2023). Directive 4/2023 Coll. Zásady pro poskytování dotací ze státního rozpočtu na výdaje realizované v rámci Programu prevence kriminality na místní úrovni 2024 [Principles for the provision of subsidies and management of non-investment subsidies from the state budget of the Czech Republic in the Volunteer Service Development Program for 2024]. [online] [cit. 2024-05-15]. Available from: bing.com/ck/a?!&&p=e931beda4f601f9e6526e2b17ead0b2f417dce0b30891968ef8fe93f5011c36eJmltdHM9MTczMDkzNzYwMA&ptn=3&ver=2&hsh=4&fclid=24b2f995-15f8-6fbe-2672-ed1d14096e51&psq=Ministerstvo+vnitra+České+republiky.+Směrnice+č.+4%2f2023+Sb.+Zásady+pro+poskytování+dotací+a+správu+neinvestičních+dotací+ze+státního+rozpočtu+České+republiky+v+programu+rozvoje+dobrovolnické+služby+pro+rok+2024.&u=a1aHR0cHM6Ly93d3cubXZjci5jei9zb3Vib3IvMDItcHJvZ3JhbS1wcmV2ZW5jZS1rcmltaW5hbGl0eS1uYS1taXN0bmktdXJvdm5pLW5hLXJvay0yMDI0LXphc2FkeS1wcm8tcG9za3l0b3ZhbmktZG90YWNpLmFzcHg&ntb=1