

Advisory Board Appointment Application

Received
03/02/2022
City Clerk
Expires
03/02/2024

NOTE: Each applicant is advised to attend at least one meeting prior to applying for appointment.

Contact Information:

* Name

Robert M. Hecht

* Home Address

1208 Palm Trail
Delray Beach FL 33483

* Cell Phone

(845) 642-5001

* Email

rmhechtm@gmail.com

* Occupation

Physician

Business Name

RM Hecht Medical Consulting

Business Address

1208 Palm Trail
Delray Beach FL 33483

Business Phone

(561) 563-4457

Advisory Board Selection:

Please select your top four boards in order of preference (first choice to fourth choice) from the drop down lists below:

First Choice

Code Enforcement Board

Second Choice

Police Advisory Board

Third Choice

Public Art Advisory Board

Fourth Choice

Historic Preservation Board

NOTE: Your responses or disclosures are intended to assist the City Council in considering an application for appointment/re-appointment to a City board or committee, and will not result in the automatic disqualification from consideration or appointment/re-appointment. Therefore, complete and accurate responses should be provided.

Qualifications:

* Please select all qualifications that apply:

Delray Beach resident

Own a business or are an officer, director or manager of a business in Delray Beach

Own property in Delray Beach

* Are you a registered FL voter?

Yes

* Are you a vendor or employed by a vendor that does business with the city?

No

* Are you a lobbyist or employed by a lobbyist, as defined in the Palm Beach County Registration Ordinance?

No

* Have you attended any Delray Beach Commission or Advisory Board Meetings?

No

If yes, please explain and provide dates when possible.

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Are you currently serving, or have you ever served on a Delray Beach Advisory Board? If yes, please provide details and dates.

SKIPPED

* Are you aware of any potential conflict of interest (including, without limitation, any potential voting conflicts or potential prohibited conflicts) that may arise from your serving on the City board or committee to which you are seeking appointment?

No

If yes, please explain:

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* Do you, any member of your immediate family, your employer or your business (or any entity in which you have a controlling interest) currently have any contractual relationship with, or do business with, the City, or has there been any such relationship within the past 5 years?

No

If yes, please explain:

SKIPPED

Do you (or any entity in which you have a controlling interest) have any delinquent accounts with the City or owe any monies to the City?

No

If yes, please explain:

SKIPPED

Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines relating to property in the city that is owned or rented by you (or any entity in which you have a controlling interest)?

No

If yes, please explain:

SKIPPED

* Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines for any other violations relating to other city codes?

No

If yes, please explain:

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Have you ever been found to have violated, or had a complaint filed against you alleging a violation of, the Florida Code of Ethics for public officers and employees, Palm Beach County Code of Ethics (or any other ethics code)?

No

If yes, please explain:

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Interest & Experiences

List any certifications or licenses which may further qualify you to serve on a board or committee.

I have attached my resume for your review. I currently serve on the board of the Caridad Center and am familiar with board service.

Briefly describe why you wish to serve as a member of a board or committee and how your personal experience and background relate:

I have lived full time in Delray Beach since 2014 and wish to contribute to the community. I have also worked as a Medical Director with the Florida Department of Health and have had experience with local government.

List any other community/civic involvement which you would like the Commission to consider:

I am active with the Caridad Center as a director and volunteer physician, am a member of the local chapter of Impact 100 and participate in many local charitable endeavors.

Educational Background:**University attended:**

Amherst College

Degrees received:

BA

Major area of study:

Philosophy and Pre Medical Studies

Upload your resume:

Robert M Hecht MD resume March 2022.docx

Terms Of Acceptance

Applications are kept on file in the City Clerk's Office for a period of two years.

Applicants may supplement their application with a resume or other information relevant to their qualifications.

Declaration of Personal Information Exemption:

Personal information provided in this application is public information unless the applicant qualifies for an exemption pursuant to Florida Statutes. You are encouraged to thoroughly read the applicable sub-sections of F.S. 119.0 71

(http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0100-0199/0119/Sections/0119.071.html).

If you qualify for an exemption, please indicate below which statutory provision you are citing for the exemption. If you qualify, your address and phone number are protected information. You may contact the Board Coordinator at 393-7744 if you have any questions.

My address and telephone number are statutorily exempt from public disclosure:

No

If yes, pursuant to which sub-section of F.S. 119.071?

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Please agree with the following statement: I understand the duties and responsibilities of the board(s) or committee(s) for which I am applying. By signing below, I warrant the truthfulness and accuracy of the information provided in this application.

I agree

* E-Signature of Applicant:

Robert Hecht

* **Date:**

03/02/2022

* Please agree with the following statement: I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

I Agree