

01190 Volunteer Committee / Advisory Board Member

exp. 05/28/21

Contact Information -- Person ID: 40621865

Name: Mark J Berenberg Address: 338 NE 7th Avenue
Apt B
Delray Beach, Florida 33483
US

Home Phone: 6176946799 Alternate Phone:

Email: mjberenberg@gmail.com Notification Preference: Email

Former Last Name: Month and Day of Birth: 02/20

Personal Information

Driver's License: Yes, Florida , Class E

Can you, after employment, submit proof of your legal right to work in the United States? Yes

What is your highest level of education? Doctorate

Preferences

Minimum Compensation: \$0.00 per hour; \$0.00 per year

Are you willing to relocate? No

Types of positions you will accept: Regular

Types of work you will accept: Part Time

Types of shifts you will accept: Day , Evening

Objective

seeking volunteer committee or board appointment in Delray Beach, FL

Education

City of Delray Beach has chosen not to collect this information for this job posting.

Work Experience

Physician/Medical Director
2/2013 - 6/2016

Hours worked per week: 40
Monthly Salary: \$0.00
May we contact this employer? Yes

Atrius Health
Newton, Massachusetts

Duties

Pulmonary physician, Medical Director of Group Practice

Reason for Leaving

retirement

Certificates and Licenses

Type: Medical License Renewal
Number: 45619
Issued by: MA Board of Registration in Medicine
Date Issued: 2 /2019 Date Expires: 2 /2021

Skills

Office Skills
Typing:

Data Entry:

Other Skills

Mark Berenberg Expert - 34 years and 0 months

Additional Information

References

Personal

Howell, Joy

2023025932

joy@cambridgestrategicpartners.com

Professional

Badlissi, Antoine

MD

5083692310

aajjbb2@gmail.com

Resume

Text Resume

Attachments

Agency-Wide Questions

1. Q: The Board application MUST be completed whether you submit a resume or not. It is important that your application show all the relevant experience and skills you possess that would assist you in serving on this committee or board. Applications must be received no later than ten (10) business days prior to the first City Commission meeting where the nomination for appointment to the board will be considered. Applications may be rejected if incomplete. Resumes alone WILL be rejected. PLEASE NOTE: A) ONCE YOU SUBMIT YOUR APPLICATION, YOU WON'T BE ABLE TO ADD OR CHANGE ANYTHING and you will NOT be able to reapply for the same position(s) during that posting period. B) The City of Delray Beach is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. Therefore, please be advised that all applications are public record and subject to the disclosure provisions of Chapter 119 of the Florida Statutes. In addition, please be advised that applications will remain on file in the City Clerk's Office for a period of two (2) years from the date submitted. It is the applicant's responsibility to ensure that the application on file is current.

A: Acknowledged, I entered all my experience and information in this application. I understand that my application may be rejected if incomplete. Also, I understand that my application needs to be completed whether I submit a resume or not and I understand that resumes alone will be rejected. I have checked my application before submitting and I understand that I won't be able to change or add anything once the application is submitted. I also understand that my application is considered a public record and will remain on file in the City Clerk's Office for a period of two (2) years from the date it was submitted.

2. Q: 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. 119.071. If you qualify for an exemption, your address and phone number are protected information. If you have any questions, please contact the Clerk's Office at 561-243-7056. Do you qualify for a statutory exemption from public disclosure based upon F.S. 119.071?

A: No

3. Q: If you stated yes to the above, please list under which sub-section of F.S. 119.971 do you qualify for a statutory exemption from public disclosure?

A:

- 4.** Q: The City of Delray Beach does not discriminate on the basis of race, color, national origin, sex, religion, age or disability, marital status, family status or sexual orientation in employment or the provision of services.

A: Acknowledged

- 5.** Q: I identify my gender as...

A: Male

- 6.** Q: Age

A: 65+

- 7.** Q: Occupation (If retired, please indicate former occupation or profession.)

A: Physician and Physician Executive

- 8.** Q: How many years have you lived or worked in Delray Beach?

A: 3

- 9.** Q: Employer name and address

A:

- 10.** Q: Home Phone

A:

- 11.** Q: Mobile Phone

A: 6176946799

- 12.** Q: Business Phone

A:

- 13.** Q: Please contact me at the following phone number

A: Mobile

- 14.** Q: Please contact me at the following address.

A:

- 15.** Q: Do you or any of your family members work for or serve on the board of directors of any organization which has contracted with or applied for funding from the City of Delray Beach?

A: No

- 16.** Q: Do you anticipate any involvement of this kind in the future? If yes, please describe the relationship.

A:

- 17.** Q: Have you previously been employed by the City of Delray Beach?

A: No

18. Q: Have you served on the City Commission in the last year?

A: No

19. Q: Are you currently serving or have you previously served on any City boards?

A: No

20. Q: If yes to above, then please list the boards that you have served on, and your contributions to each?

A:

21. Q: Do you have any relatives employed by the City of Delray Beach?

A: No

22. Q: EXPLANATION: If you entered yes for the question above, what is the name of the relative and your relationship. (Please indicate N/A if not applicable)

A:

23. Q: Are you a registered voter?

A: Yes

24. Q: How does your education or experience compliment the powers and duties of the Board?

A: Extensive experience in group management and participation on medical group boards

25. Q: Please list any professional certifications, licenses or certificates that you possess that relate to the board for which you are applying.

A:

26. Q: **Valid e-mail address is necessary to be able to receive notifications from City Clerk's department including but not limited to notices to schedule an interview, application received or rejected notices, etc. Most correspondence will be done through e-mail notifications. Please ensure that valid e-mail address shows on your application and that you remember your login information.**

A: Acknowledged. It is my responsibility to provide a valid e-mail address for correspondence and e-mail notifications. I understand that if I don't check my e-mails or forget my login information, I might miss important messages regarding the position I applied for, and/or any tests or pre-requisites that might be required of me, which could result in missing the opportunity to be considered for the position.

Supplemental Questions

1. Q: I am interested in serving on the following committees, boards, groups or authorities. (Select up to 3 committees from the list below:)

A: Historic Preservation Board
Planning and Zoning Board

2. Q: Please list any community activities that relate to this position.

A: I have participated in events at the historic society and was active in working on the last mayoral campaign.

3. Q: List any experience that would assist you in serving on this committee, board, commission, or authority

A: I have had extensive board experience and held leadership positions in the healthcare networks in Greater Boston, MA

- 4.** Q: Please indicate any activities you are involved with that may present a conflict of interest with the committee, board, commission, or authority you are applying for.

A: None

- 5.** Q: How did you hear about the vacancy on this committee, board, commission, or authority?

A: Friend or Co-Worker

- 6.** Q: If "other" was selected for question #6, please describe here.

A:

- 7.** Q: Why do you want to serve on this committee, board or commission?

A: I believe I would be an asset to the committee board or commission to which I am appointed and have the time, in my retirement from medical practice, to do so

- 8.** Q: What unique abilities/skillset/perspective would you bring if selected?

A: Managing large group medical practices and facilitating organization development with physicians and group administrators was challenging and exhilarating. I would like to bring this experience to Delray Beach government

- 9.** Q: Please describe your understanding of the functions and capacity of the board(s), committee(s), or commission to which you are applying?

A: I understand requirements for meeting attendance, active participation, and am willing to serve. I am a dedicated and hard working individual as well as a quick learner and open minded

- 10.** Q: Have you ever attended a meeting of the board or committee for which you are applying?

A: No

- 11.** Q: I understand that by applying to this committee, board, commission, or authority, I am offering a reasonable portion of my time to the City of Delray Beach and the requirements that accompany this position, including, but not limited to, routine meetings, hearings and responsiveness to the public.

A: Yes, I understand