CITY OF EUSTIS 10 North Grove Street, P.O. Drawer 68, Eustis, FL 32726-0068
Website – www.eustis.org E-Mail – cityclerk@eustis.org Phone – (352) 483-5441

VOLUNTEER/COMMUNITY SERVICES APPLICATION

Date: 7/24/2026

PLEASE LIST THE TYPE OF WORK THAT INTERESTS YOU AND THE DEPARTMENT(S) WHERE YOU WISH TO VOLUNTEER

1. CRA open board position
2. _____
3. _____
4. _____

NAME: AMIE CARDONA Telephone #: 352-933-4469

PRESENT ADDRESS: 3012 Dupont street (Street/P.O. Box) Eustis (City) FL (State) 32726 (Zip)

How long have you lived at this address? 18 months E-Mail Address: AMIE1207@OUTLOOK.COM

Have you filed an application here before? _____Yes __X__No If yes, when?_____

Have you ever worked for the City of Eustis? _____Yes __X__No If yes, when?_____

Are you currently employed? __X__Yes _____No May we contact you at work? _____Yes __X__No

What number can we reach or leave a message for you during the day? Phone #: 352-933-4469

Are you available: _____Full Time __X__Part Time _____Temporary

When are you able to volunteer? __X__Nights _____Weekends _____Other

Do you possess a valid Fla. Driver's License or I.D.? __X__Yes _____No

Are you legally eligible for employment in the United States of America? __X__Yes _____No

Have you ever been convicted, pled guilty or no contest to, had prosecution deferred or adjudication withheld on a felony or first degree misdemeanor in any jurisdiction? _____Yes __X__No If yes, when: _____

Explain: _____
(Nature, severity and date of offense in relation to the position for which you are volunteering are considered.)

Do you have any criminal charges pending? _____Yes __X__No If yes, explain: _____

Are you able, physically or otherwise, to perform the job functions of the position for which you are volunteering?
__X__Yes _____No If no, please explain: _____

Please list the names of friends or relatives working for the City and their relationship to you: none known

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT RECORD: Please list your four most recent employers including full, part time, temporary and volunteer positions, beginning with the most recent.

Name & Address of Organization:

_____ From _____ to _____
Month/Year Month/Year

please see enclosed resume

_____ Supervisor's E-mail: _____

Job Title: _____

Describe the work you did: _____

_____

Reason for leaving: _____

Name & Address of Organization:

_____ From _____ to _____
Month/Year Month/Year

please see enclosed resume

_____ Supervisor's E-mail: _____

Job Title: _____

Describe the work you did: _____

_____

Reason for leaving: _____

Name & Address of Organization:

_____ From _____ to _____
Month/Year Month/Year

please see enclosed resume

_____ Supervisor's E-mail: _____

Job Title: _____

Describe the work you did: _____

_____

Reason for leaving: _____

Name & Address of Organization:

_____ From _____ to _____
Month/Year Month/Year

please see enclosed resume

_____ Supervisor's E-mail: _____

Job Title: _____

Describe the work you did: _____

Reason for leaving: _____

EDUCATION AND SPECIALIZED TRAINING: Circle Highest Grade Completed

GRAMMAR AND HIGH SCHOOL:													COLLEGE:				GRADUATE:			
1	2	3	4	5	6	7	8	9	10	11	12	GED	13	14	15	16	17	18	19	20

Please provide your educational background including the diploma, degree or certification received, as well as any technical or specialized training:

Name of High School(s): GULF COAST HS	City and State: Naples FL		
Name of College: FL GULF COAST UNIVERSITY	City and State: Estero FL	Major: Finance	Degree Received: Bachelor of Science
Name of Graduate School: FL GULF COAST UNIVERSITY	City and State: Estero FL	Major: MBA	Degree Received: Master of Business Administration
Other Trade, Technical, Etc: FL INTERNATIONAL UNIV.	City and State Miami FL	Major: Real Estate	Degree Received: Master of Science
Foreign Language Skills:		☐ pad ☐ rite ☐ peak	

OTHER PROFESSIONAL MEMBERSHIPS OR SKILLS:

Please list any special qualifications not covered elsewhere in this application including computer skills, such as Word & Excel; typing, including words per minute typed; and any professional or civic memberships.

1. MS Office: Excel, Word, PowerPoint, etc
2. Accounting
3.
4.
5.
6.

REFERENCES:

Please list at least three (3) references who are not related to you. (Please provide complete addresses including Street, City, State and Zip.)

Name: Ashley Shows — Phone #: 239-821-7496	Name: Dave Sokalski — Phone #: 727-410-6469
Address (Street, City, State, Zip): 260 3rd ST NW Naples FL 34120	Address (Street, City, State, Zip): 515 Alokee ct Lake Mary FL 32746
E-mail Address:	E-mail Address:
Employer: — Phone #:	Employer: — Phone #:
Occupation: Veterinary Technician	Occupation: CFO
Name: Michelle Hutchison — Phone #: 786-385-0359	Name: Valerie Barber — Phone #: 305-283-0019
Address (Street, City, State, Zip): 3166 Dark Sky Dr St Cloud FL 34773	Address (Street, City, State, Zip): 3011 dupont st Eustis FL 32726
E-mail Address:	E-mail Address:
Employer: — Phone #:	Employer: — Phone #:
Occupation: Financial Analyst	Occupation: Realtor

HOURS AVAILABLE TO VOLUNTEER:
What days and hours are you available for work? TBD based on committee requirements

CERTIFICATE OF APPLICANT:

I certify that the answers given on this application are true and complete to the best of my knowledge. I agree to inform the City of any additional information relating to questions raised on the application, which occur subsequent to my completion of the application. I realize that misrepresentation of facts or the failure to update any information relating to questions on the application may be cause for rejection of this application or dismissal from volunteer/community services.

I authorize the City of Eustis to make any inquiries it desires concerning me. I authorize schools, references and my prior employers to provide my records, reason for leaving and all other information they may have concerning me to the City of Eustis. I release the City of Eustis and all other parties from any and all liabilities or claims for any damage that may result therefrom.

I understand that this application is not and is not intended to be a contract for employment.

SIGNATURE OF APPLICANT: Amie Barbara **Date**: 7/24/2026

CONSENT OF PARENT OR LEGAL GUARDIAN

(All Volunteers Under 18 Years of Age Must Have Parent of Legal Guardian Complete This Section)

I, the undersigned, the parent or legal guardian of _____, choose to participate as a volunteer for the City of Eustis. I understand that my child's or ward's services are being offered on a voluntary basis without anticipation of any financial remuneration, and I agree to the terms and conditions as stated above.

I further authorize the City to perform a fingerprint criminal history background check through state and federal law enforcement agencies and/or criminal history checks through consumer reporting agencies, who may also provide information to the City on out-of-state or nation-wide criminal histories. I understand that final approval to volunteer is contingent upon the results of the criminal history check.

Signature of Parent or Legal Guardian:_____ Date:_____

VOLUNTEER AGREEMENT FORM

I, the undersigned, hereby volunteer my services to the City of Eustis for civic, charitable, or humanitarian reasons. Further, my services are donated to the City of Eustis freely and without coercion and without promise, expectation, or receipt of compensation. I agree that this Agreement shall not in any way constitute nor create an employer-employee relationship between the City and myself.

I agree to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner. I assume responsibility for my physical fitness and physical ability to perform the work, which is assigned to me. If I do not feel I am physically capable of performing the volunteer assignment, I shall inform my supervisor immediately. I agree to report any injury or incident relating to my volunteer service to my supervisor immediately.

I further understand I am covered under the City's Worker's Compensation Insurance, however per FS 440.09(3), there is no compensation for injuries caused by an impairment of a volunteer's faculties by the use of alcohol or controlled substances. I further understand that if I do not follow the procedures in the attached guidelines for Worker's Compensation Managed Care, I could be denied certain benefits and/or may be liable for some of the expenses incurred.

During such time as I am a volunteer for the City of Eustis, I agree to assume full responsibility for such volunteer work and release the city from any damage, claims and causes of action that I ever had, now have, or may have in the future, known or unknown, or that any person claiming through me may have against the City of Eustis, arising out of my volunteer service for the City.

I agree to refrain from repeating to any outside source any confidential information obtained while I am a volunteer with the City of Eustis. I realize that this is privileged information and is not to be shared with anyone other than a current employee of the city and, then, only as necessary to carry out my task and/or assignment.

I understand that I am obligated to report (to my assigned supervisor) any information, which may affect records of the City or the status of my eligibility to work as a volunteer.

I further understand that:

- I shall not appear for volunteer service under the influence of any illegal drugs or alcohol. I agree to inform the supervisor at the beginning of the shift, if taking any over-the-counter or prescription medications, which may impair my ability to perform volunteer duties.
- I agree not to go beyond the scope of assigned volunteer work, without authorization.
- I grant full permission to use any photographs, videotapes, or recordings of myself as a volunteer for publicity purposes by the city.

I understand that I, or the City, may terminate this agreement at any time without cause, and that I am volunteering my services "at will" and may be asked to discontinue such, without prior notice or reason.

I further certify that I have received a copy of the City of Eustis Volunteer Program Policy #2006-10 and any updates. I agree to read and familiarize myself with the contents of this policy and abide by all the policies, rules and regulations of the City of Eustis, including departmental policies. I further understand that the City's policies and procedures are guidelines subject to change with or without notice.

By signing this Volunteer Agreement, I acknowledge that I have read and understand its contents and that I agree to the terms.

Name (Print): Amie Cardona

Signature: Amie Cardona Date: 7/24/2026

PER 134-11

RELEASE OF INFORMATION - VOLUNTEERS

Thank you for your interest in volunteering with the City of Eustis. Volunteers make a difference in our community by contributing their time, energy and talents to help our community be the best that it can be. As many of our volunteers work around children or hold positions of trust on various boards and committees, we take the time to conduct background checks, including criminal history, driver's license, reference checks, etc. In order to conduct these various checks, we request that you sign the release of information below. We sincerely appreciate your cooperation and your willingness to serve our community. Thank you very much!

****

Permission is hereby given any agency of the government of the United States, and/or any other agency, person, firm, or corporation holding records concerning me, to furnish the City of Eustis all information desired involving me in any way, upon request. Included in this release of information is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the City of Eustis. This further includes the furnishing of copies of pertinent documents about my background, as required.

Such records, I understand, may include reasons for termination of employment, reasons for discharge from military service, criminal history, on the job performance, educational records, or any other personal information, which may not otherwise be obtained without prior agreement.

I understand that some of the information, which may be obtained about me will be obtained upon an assurance of confidentiality by the City of Eustis to the person or persons supplying such information. I understand that this information will be come privileged to the City of Eustis.

I hereby expressly waive, on behalf of myself and of any interested person, all provisions of law forbidding the disclosure of this information. I further release you, your organization or others from any liability or damage, which may result from furnishing the information requested.

By signing below and in compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act) and applicable state law, I understand that the City may obtain a consumer report or reports on me, and I authorize the City to obtain such a report or reports for use in connection with my volunteer application and for other volunteer-related reasons. If this volunteer application is approved, this authorization shall remain on file and serve as ongoing authorization for procurement of volunteer-related consumer reports at any time I remain as a volunteer with the City.

I understand that the term "consumer report" includes, but is not limited to, criminal background checks, Department of Motor Vehicle records, and investigative consumer reports. I further understand that an "investigative consumer report" contains information on my character, general reputation, personal characteristics, or mode of living, which has been obtained through personal interviews with my neighbors, friends, or associates, or from others with whom I am or have been acquainted or who may have knowledge concerning any such information.

I also understand I may obtain a copy of the City's written notification that it may obtain a Consumer Report on me.

APPLICANT NAME: Amie Cardona PREVIOUS OR MAIDEN NAME: _____

ADDRESS: 3012 Dupont Street CITY: Eustis STATE: FL

DATE OF BIRTH: [redacted] DRIVERS LICENSE #: [redacted]

SOCIAL SECURITY #: _____

Signature: Amie Cardona Date: 7/24/2026

EMERGENCY CONTACTS

Name: Amie Cardona

Department/Division: _____

I hereby authorize the City of Eustis to contact on my behalf, the following individuals, during an emergency:
(Three (3) emergency contacts are requested. Contacts will be called in the order listed below, until a contact is made.)

#1 - Emergency Contact:

Name: Daniel Cardona

Relationship: Husband

Home Number: _____

Cell Number: 352-470-8151

Work Phone: _____

Other Number: _____

#2 - Emergency Contact:

Name: _____

Relationship: _____

Home Number: _____

Cell Number: _____

Work Phone: _____

Other Number: _____

#3 - Emergency Contact:

Name: _____

Relationship: _____

Home Number: _____

Cell Number: _____

Work Phone: _____

Other Number: _____

Employee Signature: Amie Cardona Date: 7/24/2026

PER 074-08

☐ Original - City Clerk ☐ Copy - HR ☐ Copy - Department Director

City of Eustis
Human Resources Department
P.O. Drawer 68 • Eustis, Florida 32727-0068 • (352) 483-5472

IMPORTANT INFORMATION
ABOUT THE USE OF YOUR SOCIAL SECURITY NUMBER

To: Applicants for City Employment and City Employees

From: City of Eustis, Florida

Re: Social Security Number Notice

Per Florida Statutes 119.071(5)(2)(a), we are hereby informing you of the purpose for the City's collection and use of your social security number. Your social security number may not be used by the City for any purpose other than those provided in this written statement.

1.) HIRING FOR EMPLOYMENT

The City may request and provide your social security number to the following commercial entities and/or government agencies for the purpose of hiring for employment:

a.) Local, state and/or federal law enforcement agencies to conduct criminal history checks; FCRA - Authorized
b.) Licensed consumer reporting agencies to obtain credit reports, criminal history background checks, Department of Motor Vehicle records and investigative consumer reports; FCRA - Authorized
c.) Schools, colleges or universities to verify education and certification credentials; FS 119.071 6a
d.) Verify eligibility to work in the United States; Dept. of Homeland Security, U.S. citizenship & Immigration Services - Mandatory
e.) Licensed physicians for use in establishing a medical record of a pre-employment physical (after conditional offer of employment); FS 119.071 6b - Authorized
f.) Licensed drug testing laboratories to report pre-employment drug tests, per the Florida Drug Free Workplace Act. FS 112.0455 - Mandatory

2.) ADMINISTERING PAYROLL, INSURANCE AND BENEFITS

The City may request and provide your social security number to the following commercial entities and/or government agencies for the purpose of administering payroll, insurance and benefits:

a.) Licensed insurance providers authorized to provide employee benefits including, health, dental, vision, life and supplemental insurance providers; FS 119.071 6f - Authorized
b.) Licensed flexible benefits providers authorized to administer the City's Flexible Benefits Plan; IRC Title 26, Section 125 - Mandatory
c.) Licensed COBRA administrators; FS 119.071 6f - Authorized
d.) City authorized pension plans including, ICMA Retirement Trust, Police and Fire Pension Plan, Florida Retirement System (FRS); FS 117.071 6g; IRC Title 26, Chapter 1, subchapter D - Mandatory
e.) State of Florida Division of Worker's Compensation; FS 440 - Mandatory
f.) Licensed worker's compensation insurance providers; FS 119.071 6f - Authorized
g.) Licensed physicians authorized by the City to provide care to injured employees; FS 119.071 6f - Authorized
h.) U.S. Social Security Administration; FS 119.071 6a - Mandatory
i.) U.S. Internal Revenue Service; FS 119.071 6a; IRC Title 26 - Mandatory
j.) State of Florida New Hire Reporting Center to enforce child support deduction orders; FS 409.2576 - Mandatory
k.) Licensed consumer reporting agencies for the purpose of obtaining credit reports for loan applications under the City's Computer Purchase Plan. FCRA – Authorized

3.) **ADMINISTERING THE CITY'S DRUGFREE WORKPLACE PROGRAM**
The City may request and provide your social security number to the following commercial entities for the purpose of administering a drug free workplace:

- Licensed drug testing laboratories and medical review physicians to perform random, fitness-for-duty and reasonable suspicion drug testing in compliance with the Florida Drug Free Workplace Act and U.S. Department of Transportation regulations for commercial driver's license (CDL) drivers. FS 112.0455 - Mandatory

The City of Eustis reserves the right to amend this notice and to use your social security number for other purposes, upon proper notification to you, as required by law.

I acknowledge that I have read and received a copy of this statement.

Name (Print): Amie Cardona

Applicant/Employee Signature: Amie Cardona Date: 7/24/2026

For questions regarding this form or the use of your social security number, please contact:

CITY OF EUSTIS, FLORIDA
Human Resources Department
109-A E Orange Avenue
(P.O. Drawer 68)
Eustis, FL 32727-0068
Phone #: 352-483-5472

Amie Cardona

amie1207@outlook.com | 352.933.4469 | Mount Dora, Florida

Key Skills

- 15 years of progressive Corporate Finance experience
- Advanced / Power user in Excel (complex formulas, custom models, automation)
- Full Scope Merger & Acquisition Experience in Multi-family/Senior Living real estate and Medical Practice (Market Analysis, Vetting, Diligence, Underwriting)
- Forecasting, Budgeting, P&L Management, Profitability Analysis, Payroll Analysis

Formal Education

- MS, Real Estate Finance (2024) – Florida International University
- MBA (2015) – Florida Gulf Coast University
- BS, Finance (2012) – Florida Gulf Coast University

Professional Experience

DIRECTOR OF FINANCE | BLUE HAVEN POOLS | Winter Garden, FL
Dec 2024 – Present
Pool Construction and Renovation; Private Equity Owned

- Develop and manage enterprise reporting: monthly financials, weekly operations metrics, and sales performance
- Create annual operating, cash flow, and staffing budgets for all entities; reforecast throughout year
- Manage accuracy of financials with frequent general ledger reviews with the accounting team
- Responsible for timely and accurate franchise fee reporting
- Work closely with executive leadership on board presentations and private equity group reporting

DIRECTOR OF FINANCIAL PLANNING & ANALYSIS | ALICO, INC. | Fort Myers, FL
Oct 2023 – Oct 2024
Agricultural Real Estate; Publicly Traded
(resigned from position for personal relocation from Fort Myers FL to Mount Dora FL)

- Create annual budgets and quarterly forecasts collaborating with managers, accounting, and executive team
- Develop and manage five-year operating plans including P&L, balance sheet and cash flow
- Prepare monthly manager reports, board updates, and assist CFO with SEC filings (10k and 8k)
- Additional scope including grove and real estate transactions, as well as a variety of asset profitability analyses

DIRECTOR OF FINANCIAL PLANNING & ANALYSIS | DISCOVERY SENIOR LIVING | Fort Myers, FL
Jun 2019 – Oct 2023
Senor Living Commercial Real Estate & Development; Private Equity Owned

- Prepare modeling and reporting for Private Equity Ownership for operational and financial KPI metrics
- Plan, develop, and direct modeling, forecasting, and evaluation of multiple senior housing portfolios
- Analyze and evaluate potential transactions (acquisitions, sales, and recapitalizations)
- Create annual operating budgets and business plans for all entities
- Develop, evaluate, and review investment strategy, risk budget, and other investment criteria on an ongoing basis to ensure optimal and timely investment performance

SENIOR FINANCIAL ANALYST | CHICO'S FAS HEADQUARTERS | Fort Myers, FL
Jun 2017 – Jun 2019
Women's Apparel Retail; Publicly Traded

- Complete store operational and financial planning, reporting, forecasting, and analysis responsibility
- Generate reports for sales department, store productivity and budgeting for field and corporate leadership
- Corporate and Store Headcount and Payroll budgeting, forecasting, and management
- Develop meaningful exception and ad hoc reporting, variance analyses and narratives

SENIOR FINANCIAL ANALYST | RIVERCHASE DERMATOLOGY | Fort Myers, FL
Jun 2016 – Jun 2017
Healthcare; Private Equity Owned

- Prepare modeling and reporting for Private Equity Ownership for operational and financial KPI metrics
- Create and manage complex calculations for monthly Provider compensation
- Comprehensive budgeting from revenue generation to bottom line with reforecast as needed
- Prepare Financial Statement packets and Board Deck Presentations
- Due diligence, ad-hoc reporting, analysis, and special projects to support operations and provide insight

MILLENNIUM PHYSICIAN GROUP | Fort Myers, FL
Feb 2009 – Jun 2016
Healthcare; Private Equity Owned

SENIOR FINANCIAL ANALYST | Jan 2014 – Jun 2016

- Production, ancillary utilization, patient visits, billing trends, payer, and revenue analysis
- Scorecard/dashboard creation for markets, business segments, physicians, managers, and directors
- Budgets – revenue, expenses, visits (quarterly/semi-annual reforecast as needed)
- Prepare Financial Statement packets and Board Deck for Board of Directors
- Acquisition analysis for new practices – DCF, NPV, ROI, IRR, Break-Even

FINANCIAL ANALYST | Feb 2009 – Dec 2013

Employed under Internal Medicine Associates of SWFL, acquired by Millennium Physician Group

- Purchasing & PO's: capital expenditures, medical supplies, medications, injectable drugs
- Insurance Payer contract negotiation, maintenance, and analysis for IMA and IMA Hospitalist Group
- Vendor bids and contract negotiation/management