Jumping Worm Certification

Project Name or event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project lead: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that I understand the process of looking for Jumping Worms and what to do if

found. If any questions, please reach out to the Jumping Worm Committee, Plant Health

Advisors or the Extension Advisor.

My soil tested positive for Jumping Worms. I understand that I CANNOT donate to

any Master Gardener events.

I did not find any signs of Jumping Worms in the soil, from which I plan to do digs\*.

I understand, that I cannot donate any digs from soil that has not been tested. If you

donate from more than one location in your yard, ALL locations must be tested.

I understand that all digs by me will be rinsed and sprayed free of any soil and potted

using bagged potting soil mix or after washing off the roots, you can place it in a plastic bag

or bucket of water no longer than overnight.

I understand that all soil testing and certification must be completed and submitted by Oct

31st of this year to donate flowers for the spring of next year. Donations for fall planting

must be completed by July 31st of the same year.

\*Digs include plants, bulbs and anything else removed from the soil.

By completing the information above you are certifying that you understand the process of

identifying Jumping Worms and if found how to properly dispose of them. You acknowledge

that any plants or bulbs you donate will be free of Jumping Worms to the best of your

knowledge. I understand that if jumping worms are found I cannot donate.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_