



Karen Organization of Minnesota

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ဖွဲ့ကဉ်ရွဲမေန်ကိစိုင်းသး ကညိကရမန်နိုဉ်စီထဉ်
ဖျိုးကရမနုဉ်ထာ

KOM Mentorship Orientation

Updated: February, 2024 by Suzanne Olive



KOM Overview



Our Mission

To build on the strengths of refugee and immigrant communities and remove barriers to achieving economic, social, and cultural wellbeing

Our Community

Over 20,000 Karen and other refugees from Burma live in Minnesota - largest Karen community in the country.

Our Programs

Serving over 3,000 each year in Employment, Social Services, Community Health, Youth Development, and Walk-in services.



KOM Programs

Five main program areas...

Employment

Social Services

Community Health

Youth Development

Walk-Ins

KOM's After-School Programs

We partner with **Saint Paul Public Schools**. This year we are working at:

- Humboldt Middle & High School
- Washington Tech Magnet Middle & High School
- Harding High School
- Como High School



Ashley Daniels
Youth Programs Manager

KOM's After-School Programs

The program offers...

- Karen Club:
 - Academic support, mental health workshops, leadership training, field trips, cultural enrichment
- What's Next:
 - College & Career exploration and readiness
- Students are mostly Karen and Karenni age 12-21 years old





KOM After- School Staff

After-School Program Schedule

School/Day	Monday	Tuesday	Wednesday	Thursday
Como <i>Needs transport</i>	**Mue Hsae Klue High School What's Next	Pong/Eh Blut High School Karen Club (Tutoring Day)	**Mue Hsae Klue High School What's Next	Pong/Eh Blut High School Karen Club (Tutoring Day)
Harding <i>Needs transport</i>	**Pong High School Karen Club		**Pong High School Karen Club (Tutoring Day)	
Humboldt	**Eh Blut Middle/High Karen Club		**Eh Blut Middle/High Karen Club	
Washington	Mular High School Karen Club	**Mular Middle School Karen Club	Mular High School Karen Club	**Mular Middle School Karen Club

What is a mentor?

A mentor is:

- Friend
- Guide
- Listener
- Confidant
- Encourager
- Strengths-finder
- Resource broker

A mentor is not...

- Parent/Guardian
- Social Worker
- ATM
- Babysitter
- Disciplinarian

Mentoring Goals



1. Developing English language and reading skills
2. Adapting to American culture while maintaining the mentee's own culture
3. Developing social and life skills
4. Providing emotional support
5. Serving as an advocate and guide to basic activities (such as using public transportation, using a library, etc.)
6. Developing college or workforce preparedness skills
7. Providing opportunities to just relax and have fun! 😊

Mentor Responsibilities

- Attend pre-match training
- Meet with mentee on a weekly basis
- Commit to the program through May
- Check in with program staff
 - Monthly phone check-ins (**pick a group main contact**)
 - Changes to address/contact info (also mentee)
 - Problems/frustrations/changes in match
 - Successes/accomplishments
- Follow program policies and procedures



Program Polices/Procedures

- Transportation
- Approved Activities
- Drug/Alcohol
- Weapons
- Inappropriate conduct
- Overnights/Out-of-Town Travel
- Confidentiality
- Gift Giving
- Communication
 - set up group texts/messages for communicating
 - maintain appropriate boundaries
- Closure
- Mandated Reporting

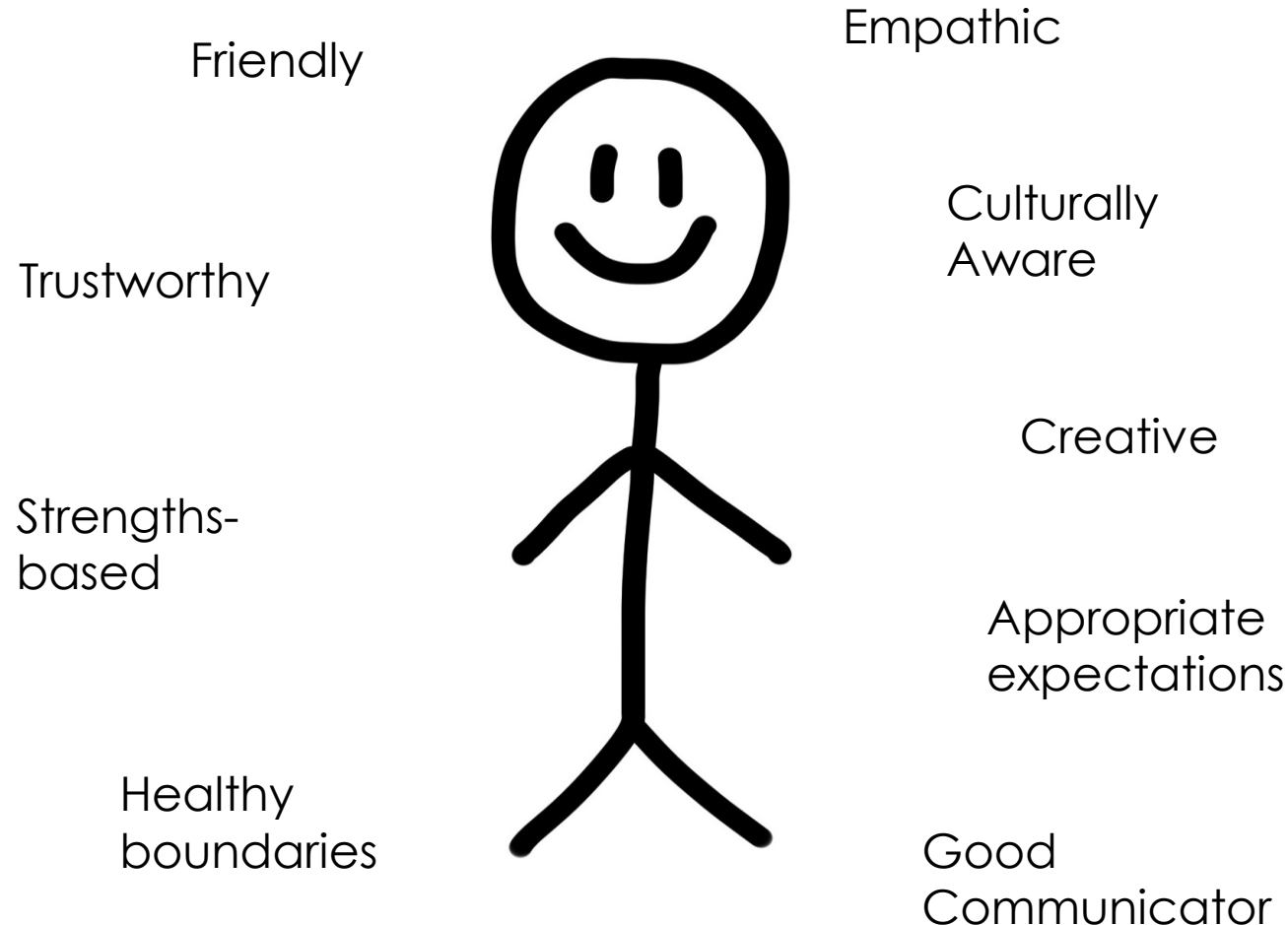


Mandated Reporting

- KOM mentors and staff are required to report observed abuse or neglect
- It is not the role of the reporter to determine if abuse or neglect occurred, only to report it
- Reports are confidential
- Procedure:
 - **If it is an emergency, contact 911 then program staff**
 - **If it is not an emergency, contact program staff and they will guide you through reporting process**



Characteristics of a Good Mentor



Mentoring Life Cycle



Best Practices for Mentoring Karen Youth

- Take the time to LISTEN
- Consider grief or loss
- Encourage maintenance of Karen culture as they adapt to living here
- Support academic success and educational process
- Be flexible and creative
- Recognize/respond when your mentee exhibits behaviors of concern
- Help your mentee reach *their* goals



Our Youth's Strengths & Challenges



Strengths and Assets

- Cultural and family values
- Bilingualism
- Sense of resiliency and flexibility
- Ability to navigate through cultural demands
- Value of education
- Respect elders and teachers
- Athleticism

Challenges Faced

- Exclusion
- Poverty
- Separation
- Adjustment
- Traumatic experiences
- Discrimination/bullying
- Disconnect from education
- Intergenerational conflict
- Drug use/gangs





Parent-Child Role Reversals

“Many [Karen] youth are faced with parent-child role reversals because they speak and understand English much better than their parents. When this happens, a young person might be placed in the position of translating basic needs for their parents – to teachers, doctors or family advocates. This responsibility has the potential of changing parent/child dynamics.” (*Mentoring Immigrant & Refugee Youth*, pg. 6)

Mentor Reflections



"Talking and opening up got easier. Both of our mentees were very reserved and shy the first few meetings. [Mentee's name] has been reaching out to us about what's going on in her life. She asked us for tips about her job interview, and what it's like living at college. [Mentee's name] is a little more comfortable to joke around and show us some drawings now, and he asks us more questions."

"I simply enjoyed just spending time with the students, laughing, and playing games. Once the students came out of their shell it was really fun!"

What can I do with my mentee in-person?



Spend time doing homework, playing a game, or another activity



Walk to a park, go sledding, or other outdoor activities



Attend a free community event, visit a local library or rec center



Play soccer, volleyball or other sports



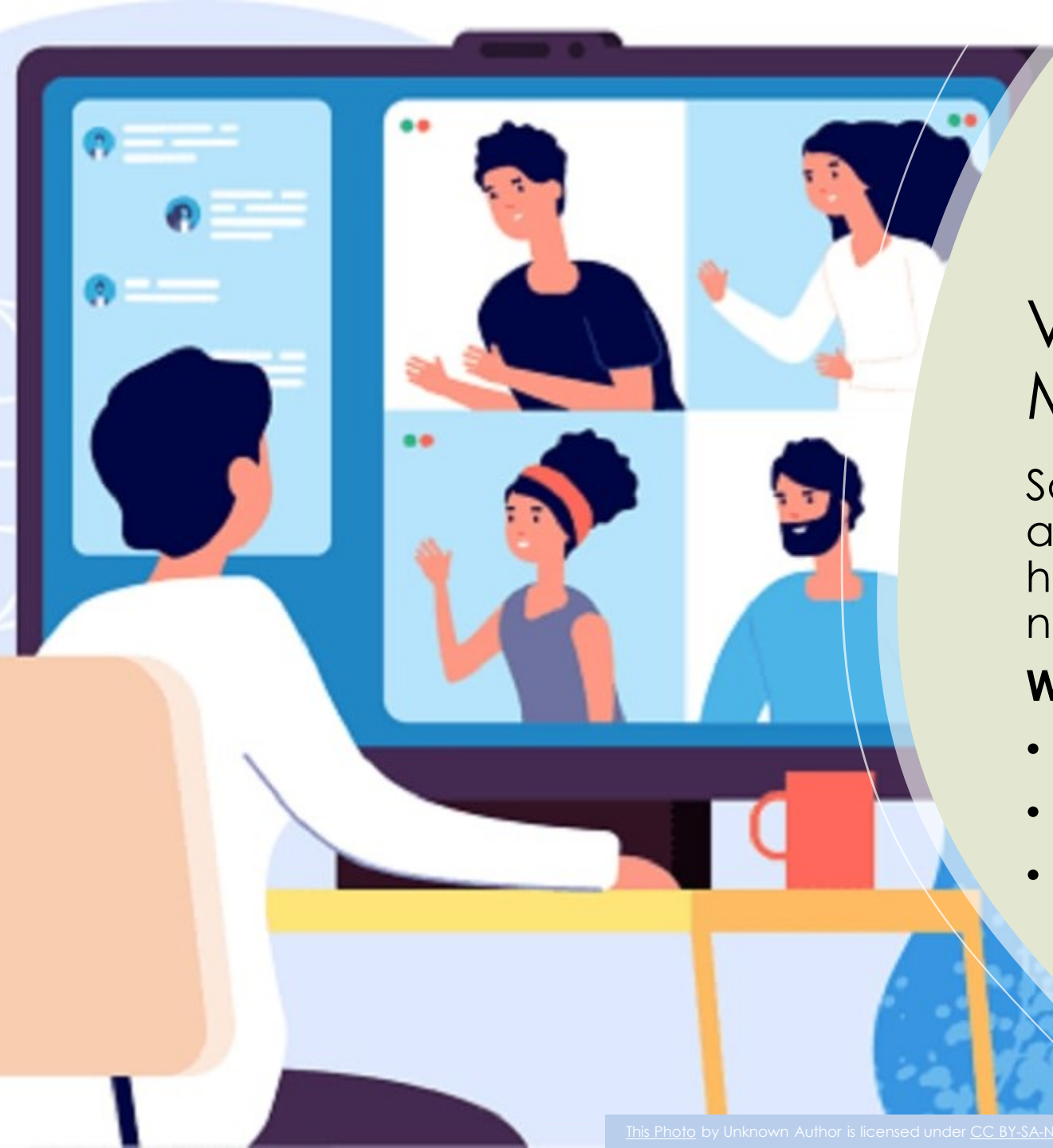
Visit a college or university they might be interested in



Visit a Karen store/business or get lunch there



Tickets for kids - complimentary tickets available for sports games, museum visits, theatre performances, etc.



Virtual Mentorship

Some mentorship activities can be held virtually if needed

Ways of Connecting

- Google Meet
- Facebook
- Phone

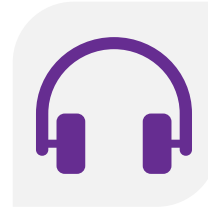
What can I do with my mentee online?



Help with homework, read books, or do other educational activities online



Do an exercise challenge every week and check-in on your progress



Learn about each other's favorite music and share songs or dances



Play virtual soccer, volleyball or other sports games



Do a virtual tour of a college, university, library, or museum



Share about your favorite foods or traditional dishes



Do a simple art or craft activity together (i.e. design your own avatar)



Large Group Activities

We will try to plan a few large group activities throughout the semester
Exact activities TBD, some ideas include...

- Art activities, Culture share night, Sports and games, Visit to a park, zoo, museum, etc.



Karen Culture Presentation with KOM

- **Friday, February 16th 11:00am – 12:30pm**
- RSVP on Eventbrite
- Location: online on Zoom!

KOM Mentorship Picnic

- End of the year celebration
- At a St. Paul public park
- Mid-May
- Pot-luck style ☺



Beginner Words in S'gaw Karen

- Good morning = *Ghaw luh a ghay*
- Good afternoon = *Nee luh a ghay*
- Good evening = *Ha luh a ghay*
- Good night = *Na luh a ghay*
- How are you? = *Na oh hsoo ah?*
- I am good = *Ya oh hsoo*
- Thank you = *Ta blu*
- Crazy = *Ta plu* 😊



KOM Volunteer Handbook

Consent & Background Check Forms, Motor Vehicle Info



Karen Organization of Minnesota

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မျိုးကရမုမနုဇီထာ

As a KOM
Volunteer,
Please Do
Not:



Consent & Background Check Forms



PHOTOGRAPH
RELEASE



REPORTING



CONFIDENTIALITY



CLIENTS/CONFLICT
OF INTEREST



DRIVING &
BACKGROUND
CHECK



WITHDRAWAL
OF CONSENT

Consent Form

☐ **Photographs:** I also hereby consent, authorize and grant permission to the employees or representatives of KOM to take photographs of me and do further consent to publication, circulation, dissemination of said photographs, or use of said photos for any purpose KOM deems appropriate.

☐ **Reporting:** I agree to sign in and sign out of my time card at KOM whenever I donate time and/or to track hours volunteered outside of the KOM office. I also agree that all time reported on forms I submit to KOM are true and complete. I agree to contact the Volunteer Coordinator if any of my personal information on the volunteer application changes (address, school, phone number, etc.). I agree to report to the Volunteer Coordinator or Project Supervisor if I have any questions or concerns about my service.

☐ **Confidentiality:** I have read and understood the attached *Volunteer/Intern Confidentiality Agreement* and I will return it with my written signature to KOM in person.

☐ **Clients/Conflict of Interest:** I agree to serve any client who is assigned regardless of race, sex, creed or national origin. However, to avoid any conflict of interest or perceived conflict of interest, I agree to immediately notify the Volunteer Coordinator or Project Supervisor if I have a significant personal or financial relationship with a client I am asked to serve (this includes but is not limited to: working directly with clients, maintenance on client files, etc.) I understand that I should not work with such clients or their files, and that this client will be reassigned to another volunteer, unless otherwise stated by the Volunteer Coordinator or Project Supervisor.

☐ **Driving and Background Check:** I hereby authorize KOM to conduct a comprehensive review of my background. I understand that to volunteer directly with clients of KOM, I must consent to a background check including but not limited to: Verification of social security number, criminal background, employment, education, references, and a Motor Vehicle Record check if volunteering includes driving for KOM with clients or otherwise. I authorize any individual, company, governmental, private or public entity to release all information pertaining to me to KOM.

I agree to provide KOM with a copy of my driver's license and auto insurance policy information for their volunteer file, if volunteering includes driving for purposes deemed by KOM with clients or otherwise. I will return the attached *Background Check Consent Form* and *Motor Vehicle Record form* (if applicable) with my *hand written signature* to KOM in person.

☐ **Withdrawal of Consent:** I understand I can withdraw my consent to this release agreement at any time in writing to KOM.

I have read and understand and commit to the terms stated above. I declare that my answers and all statements made by me herein are true and correct.

.....
(Signature/Volunteer)

.....
(Date)

.....
(Name Printed/Volunteer)

Karen Organization of Minnesota
2353 Rice Street, Suite 240
Roseville, MN 55113
Phone: 651-788-7593 FAX: 651-788-7909

Volunteer Confidentiality Agreement

The Volunteer and Supervisor acknowledge that all client-related information is to be kept confidential by the Volunteer. Client information, including but not limited to client-related records and the information contained in them, may be released only if authorized by law and in accordance with Karen Organization of Minnesota (KOM) policies and procedures.

The Volunteer acknowledges that policies and procedures with regard to client confidentiality have been explained to them and that he or she understands those policies and procedures.

.....
(Signature/Volunteer)

.....
(Date)

.....
(Signature/KOM Representative)

.....
(Date)

Karen Organization of Minnesota
2353 Rice Street, Suite 240
Roseville, MN 55113
Phone: 651-788-7593 FAX: 651-788-7909

Background Check Consent Form

I hereby authorize Karen Organization of Minnesota (KOM) to conduct a comprehensive review of my background. I understand that the scope of the review may include, but is not limited to the following:

Verification of social security number, driving record, criminal background, employment, education and references.

I authorize any individual, company, governmental, private or public entity to release all information pertaining to me.

Please print below.

OR

If you prefer to fill out your own background check form using a secure online portal, please only print your full name and e-mail address. Then a KOM staff member will launch a secure form and you will be notified via email.

*Full Name: _____

Current Address: _____

City _____ State _____ Zip _____

*E-Mail Address: _____

Social Security Number: _____

Driver's License Number: _____

Driver's License Issued by (State): _____

Date of Birth: _____

Gender: ☐ Male ☐ Female

Signature Date

Agency Authorized Signature Date

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COVID-19 Policy Agreement Form

☐ **Meeting Virtually:** I am able to meet with staff virtually as needed and have access to a device with an internet connection, a camera and a microphone.

☐ **Follow Site COVID-19 Policies:** I agree to follow all COVID-19 guidelines of the sites I visit while volunteering with KOM outside of the office.

☐ **Sick Policy:** I agree to stay home from meeting in-person or coming to the office for at least 5 days if I or someone in my household tests positive for COVID-19, displays COVID-19 symptoms, or if I have been exposed to COVID-19. I understand that I may return to meeting in-person after 5 days if I test negative for COVID-19 and do not have COVID-19 symptoms (or symptoms have improved with no fever for at least 24 hours).

☐ **Withdrawal of Consent:** I understand I can withdraw my consent to this release agreement at any time in writing to KOM.

I have read and understand and commit to the terms stated above. I declare that my answers and all statements made by me herein are true and correct.

(Signature/Volunteer) (Date)

(Name Printed/Volunteer)

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SPPS Forms



DATA PRIVACY
AGREEMENT



CONSENT TO RELEASE OF
BACKGROUND CHECK
REPORT



TECHNOLOGY
AGREEMENT

Saint Paul Public Schools Technology Use Agreement for
Employees, Contractors and Board Members

Saint Paul Public Schools provides access to district technology resources to support learning, enhance instruction, and support school district operations.

Employees, contractors, and Board Members must read and comply with Saint Paul Public Schools (District) policies, procedures and guidelines regarding use of district technology resources, including Board of Education Policy 520.00 Technology Usage and Safety Policy, Procedure 520.00.1 Technology Usage and Safety, and Guidelines for Acceptable Use of Technology by Employees, Contractors, and Board Members.

By my signature below, I acknowledge that I have read and understand Saint Paul Public Schools Board of Education Policy 520.00, Procedure 520.00.1, and the Guidelines for Acceptable Use of Technology by Employees, Contractors, and Board Members, and that I understand the following:

- Use of district technology resources is related to instructional, administrative, and other support activities consistent with the mission and policies of the District, and the duties of my position.
- Use of district technology resources and access to the Internet is a privilege, not a right. Misuse of district technology resources may result in one or more of the following consequences: suspension or cancellation of authorized use or access privileges; discipline under applicable district policies and procedures; or civil or criminal liability under applicable laws.
- Use of district technology resources has limited educational and administrative purposes. Some uses, which might be acceptable on a personally-owned device, account, or on another system, may not be acceptable on this limited-purpose network.
- District technology resources including, but not limited to, computers, mobile and cellular devices, information systems, hardware, software, and network resources are the property of the school district. The District reserves all rights to control its technology resources and does not relinquish control over materials on the system, or materials contained in files on the system.
- All files, including e-mail messages, created on or stored on District computers or servers are the property of the District, and may be subject to review, disclosure, or discovery under various laws.
- Work prepared on or with the assistance of district technology resources is the property of the District, and cannot be licensed or sold for the benefit of any individual employee or user.
- Use of the district technology resources is at the individual's own risk. The system is provided on an "as is, as available" basis. The school district will not be responsible for any damage users may suffer, including but not limited to the following: loss, damage, or unavailability of data stored on or transmitted through district technology resources; delays, changes, or interruptions of service; missed or non-delivery of information or materials. The school district shall not be responsible for unauthorized financial obligations or consequential damages arising from the use of district technology resources.
- I agree I am solely responsible for all use of my accounts and for the confidentiality of my passwords. I will not transfer or share my account or password with any other person.
- I will follow all District policies, procedures and guidelines related to computer and data access and security.

Employee Name: _____ Employee ID #: *Leave Blank*

Employee Signature: _____ Date: _____

For District Use:

Date Received: _____ Received By: _____ Location/Department: _____



Saint Paul Public Schools Data Privacy Practices Acknowledgement

Saint Paul Public Schools requires that adults who work with our students follow state and federal law and best practices for protecting student data privacy.

Guidelines for Student Data Privacy Practices are detailed on the Saint Paul Public Schools website, [linked here](#).

Individuals seeking credentials that provide access to any Saint Paul Public Schools data sets must acknowledge that they have read the guidelines and agree to follow them. Please fill out the information below and provide the form to the Saint Paul Public Schools contact for your program, either directly or through your program supervisor.

Printed name: _____ Date: _____

Email: _____ Phone: _____

Program or role in Saint Paul Public Schools: Youth Mentor

Service dates: begin 2/6/2024 end 6/10/2024

Program Supervisor: Arash Yousufi

SPPS sponsor of program or contact: *Leave Blank*

1. I confirm that I have read the Saint Paul Public Schools Guidelines for Student Data Privacy Practices and agree to follow them.
2. I understand and agree that I am responsible for understanding and complying with the Family Educational Rights and Privacy Act (FERPA) and the Minnesota Government Data Practices Act.
3. I understand and agree that, pursuant to FERPA, I may not disclose any personally identifiable information from an education record without the prior consent of the parent or eligible student and that I may only use the information obtained for the purposes for which the disclosure was made.

Signature: _____ Date: _____

If planning
to drive
students...



COPY OF DRIVER'S LICENSE



COPY OF CAR INSURANCE



MUST INCLUDE DRIVING
INFO ON BACKGROUND
CHECK

Sick Policy



Masking is optional



Stay home when sick



Follow Site COVID-19 Policies



Stay home 5 days if you or household member tests positive for COVID-19

Logging Hours



KOM's Online Database:
Apricot

- Go to apricot's website
(<https://apricot.socialsolutions.com>)

OR

Send your hours to Suzanne via
email or text:

- solive@mnkaren.org
- 651-202-3112



Remember...

- You are not alone!
- Contact program staff anytime with:
 - Questions
 - Concerns/frustrations
 - Successes/accomplishments
 - Activity ideas
 - Or just to check in!

A photograph of four students standing in a school hallway. From left to right: a male student with glasses and a blue surgical mask wearing a black patterned jacket; a female student with a blue surgical mask wearing a light pink Nike sweatshirt; a female student with a blue surgical mask wearing a grey 'WINONA STATE Est. 1858 WARRIORS' sweatshirt and red plaid pants, making a peace sign; and a female student with a black face mask wearing a pink and white plaid shirt over a white t-shirt. The background shows wooden lockers and a doorway. A large white circle with a grey silhouette of a person is overlaid on the left side of the image.

Closing

- What is one thing that stuck out to you?
- What is one thing that you are challenged to apply?
- What questions do you have?