



Karen Organization of Minnesota

မီနီယိုးထားကာရင်စေမျိုးသားအဓိပ္ပာတ်းအရုံး  
မျှကုံးခွဲစေနိုင်စိုင်းတား ကာလိပ်ကာရာမြို့နယ်စိုင်း  
မြို့နယ်ပုံမှန်စော်

# KOM Mentorship Orientation

Updated: February, 2026 by  
Suzanne Olive



# KOM Overview



# KOM Overview (continued)

## 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 2,000 each year, our success is due to programs designed by and for the community, providing wraparound support, and strong partnerships.*



# 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:

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



**Pong Pop**  
Youth Development Coordinator  
[ppop@mnkaren.org](mailto:ppop@mnkaren.org)

# KOM's After-School Programs

## The program offers...

- Knya'Ni 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



# After-School Schedule

<b>3 – 5 PM</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>
<b>Activity or Program</b>	Theater Mu guest sessions	Theater Mu guest sessions	College & Career Readiness	College & Career Readiness
<b>Location</b>	Como Park Senior High School	Washington Tech Magnet School (Middle & High School)	KOM Office (students from both schools; hybrid online and in-person)	KOM Office (students from both schools; hybrid online and in-person)

# 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. Serving as an advocate and guide to basic activities (such as using public transportation, using a library, etc.)
2. Developing college or workforce preparedness skills
3. Adapting to American culture while maintaining the mentee's own culture
4. Developing social and life skills
5. Providing emotional support
6. 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 Policies/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

A photograph of a rectangular sign mounted on a metal pole. The sign has a red border and a white background. In the top left corner, the number "911" is printed in large red digits. To the right of "911", there is a red silhouette of a telephone handset. Below the handset, the words "EMERGENCY USE ONLY" are printed in red, all-caps, sans-serif font.

# 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**

Minnesota Adult Abuse Reporting Center:  
**(844) 880-1574**

Ramsey County Human Services: **651-266-4500**



# Safety Out in Public

- **Constitutional observer training recommended**

- To be prepared if in contact with federal agents; do not seek out confrontation
- We have whistles available (optional)

- **Be aware when out in public spaces, sidewalks, or on the roads**

- **Mindful of fear and anxiety that our students are experiencing**

- **Contact us immediately if a situation becomes uncertain or is suspected as unsafe**

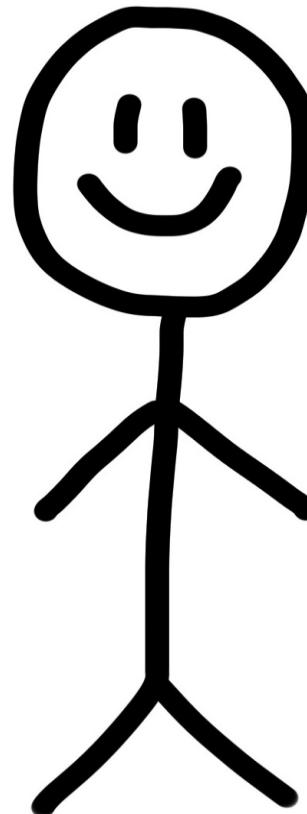
- **Follow our in-office safety procedures, as well as school on-site rules**

- Our office doors will remain locked. Contact our staff to be let in.

# Characteristics of a Good Mentor

---

Friendly  
Trustworthy  
Strengths-based  
Healthy boundaries



Empathic  
Culturally Aware  
Creative  
Appropriate expectations  
Good Communicator

# 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      Challenges Faced

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

- 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

---



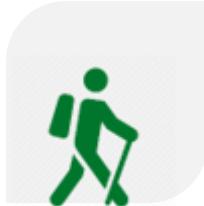
“I simply enjoyed just spending time with the students, laughing, and playing games. Once the students came out of their shell it was really fun!”

“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.”

# 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



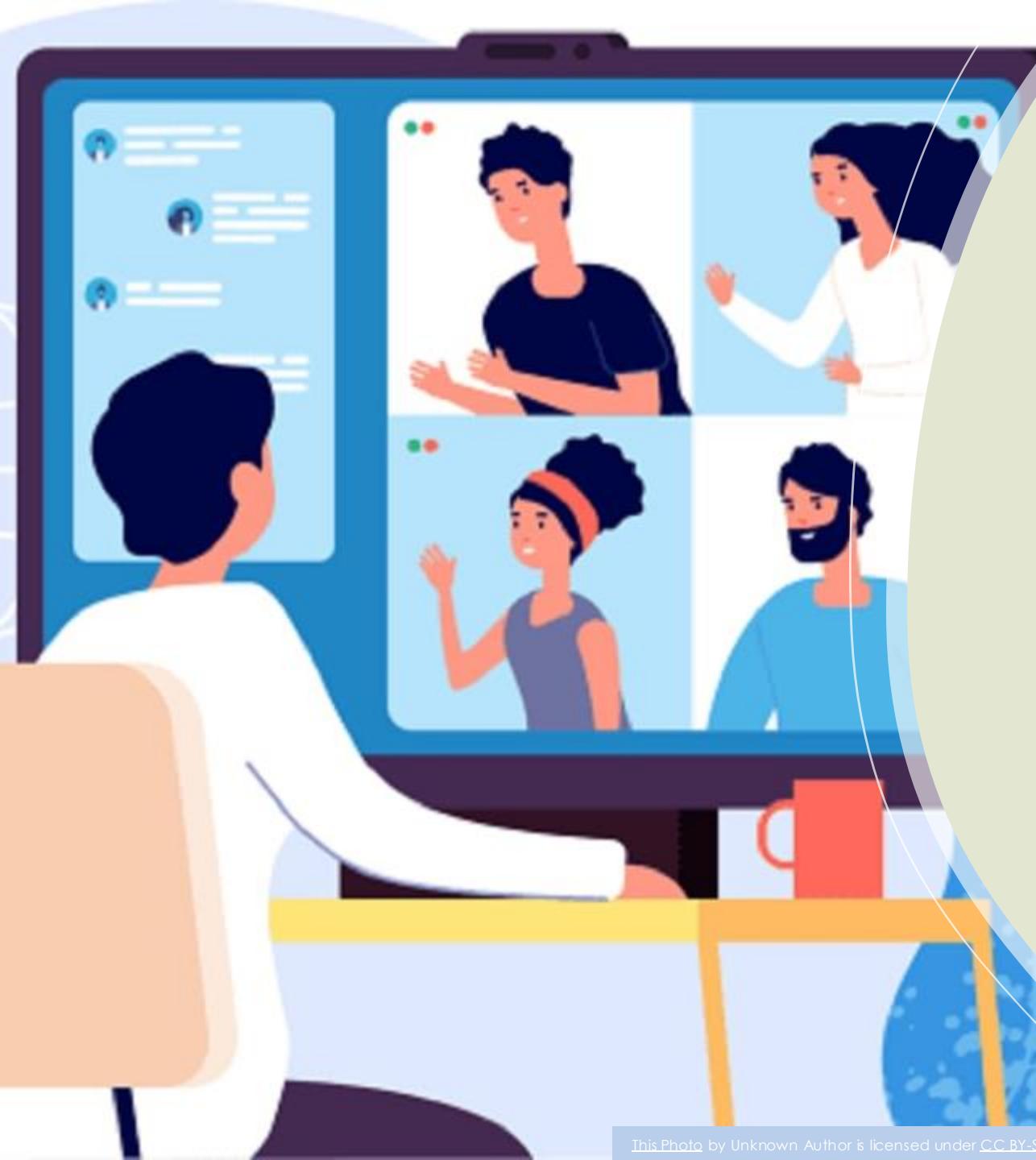
Visit a college or university they might be interested in



Visit a Karen store/business or get lunch there



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

A stylized illustration of a person with dark hair, seen from the back, sitting at a desk and facing a large computer monitor. The monitor displays a video conference with four participants: a man with dark hair in a black t-shirt, a woman with long dark hair in a white top, a woman with curly hair in a purple top, and a man with a beard in a blue sweater. The background is a light green.

# 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)

# SPPS Calendar

## No School:

- Monday February 16<sup>th</sup> – Presidents' Day
- Friday March 20<sup>th</sup> – Professional Development
- April 6<sup>th</sup> – 10<sup>th</sup> – Spring Break
- May 25<sup>th</sup> – 27<sup>th</sup> – Memorial Day (Mon-Wed)

## Last Day of School

- Thursday June 11<sup>th</sup> – Last Day of School



## Karen Culture Presentation with KOM

- **Friday, February 20<sup>th</sup> 11:00am – 12:30pm  
on Zoom**
- RSVP on our website or scan the QR code



# Volunteer Appreciation Week

- Week of April 20<sup>th</sup> – 24<sup>th</sup>
- Gather at KOM for card-making for our youth, or other activities
- Share food and conversation



# KOM Volunteer Handbook

Consent & Background Check Forms, Motor Vehicle Info



**Karen Organization of Minnesota**

မြန်မာ့သားကာရင်စာမျိုးသားအစည်းအဝေး  
ဖုံးကျော်မေန်ကီစိုင်းတား ကားသီကာရာမံ့နံ့နိုင်စာ်  
ဖျို့ကာရုပုံမေန့်ဝော

# 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

### Karen Organization of Minnesota

2353 Rice Street, Suite 240

Roseville, MN 55113

Phone: 651-788-7593 FAX: 651-788-7909

## 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)

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

## Release of Background Check Results

I hereby authorize Karen Organization of Minnesota (KOM) to release the results of my background check to the following entity:

Saint Paul Public Schools  
360 S Colborne St.  
St Paul, MN 55102  
Phone: (651) 767-8100

I understand that to volunteer directly with clients of KOM enrolled in programs in partnership with Saint Paul Public Schools (SPPS), I must consent to release a copy of my background check results to SPSPS. I understand that the scope of the review includes, but is not limited to the following:

Verification of social security number, driving record, criminal background, and address history.

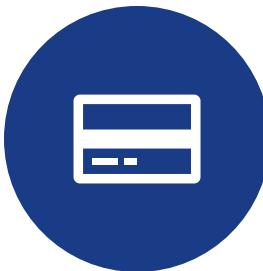
I authorize any individual, company, governmental, private or public entity to release all information pertaining to me.

\_\_\_\_\_  
Full Name (Printed) \_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Agency Authorized Signature \_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_

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

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](mailto: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!

## 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?

