MISSION STATEMENT
The Mission of the Minnesota State Patrol (MSP) is to protect and serve all people in the state through assistance, education and enforcement; provide support to allied agencies and provide for the safe, efficient movement of traffic on Minnesota’s roadways.

CORE VALUES:
Respect ◊ Integrity ◊ Courage ◊ Honor ◊ Excellence

APPLICATION DEADLINES:
Fall internships: September through December
Spring internships: January through May
Summer Internships: June through August
Deadline: Last Friday in May
Deadline: Last Friday in October
Deadline: Last Friday in March

*Summer internships are subject to district availability. Please inquire before submitting your application.

Candidates who best fit the needs of the Minnesota State Patrol will be contacted no later than 6 weeks after the application deadline.

PURPOSE OF THE INTERNSHIP:
The internship’s purpose is to provide experience for university and college students who are seriously interested in entering the field of law enforcement. Qualified students will provide administrative support duties to clerical support and uniformed staff aiding in daily district operations. Students will be exposed to the day-to-day activities of an MSP Trooper and introduced to the different areas and divisions of our organization.

ELIGIBILITY:
To be considered for an internship with the Minnesota State Patrol, students must meet the following criteria:

• Must be enrolled in a class requiring an internship and/or receive course credits for internship.
• Must be attending a regionally accredited Criminal Justice and/or POST approved college or university. Applicants attending colleges which don’t meet this criteria will also be considered, but preference will be given to POST accredited colleges or universities.
• Must possess a valid driver’s license or have the proven ability to acquire one prior to the starting date. A clean or acceptable driving record will be required.
• Must submit to and pass a driver license/criminal history check.
• Must agree to be fingerprinted.

LENGTH AND HOURS OF INTERNSHIP:
The internship will be scheduled for one semester or one quarter, depending on the college or university with which the student is affiliated. The number of internships offered is dependent upon the needs of the agency. All internships are unpaid. Work time will be flexible Monday-Friday and weekends. The district internship supervisor will set actual hours.
APPLICATION REQUIREMENTS:
To apply for an internship with the Minnesota State Patrol, all students must provide the following:

• Cover letter outlining your career goals and why you would like to be an intern with the Minnesota State Patrol.
• Completed Minnesota State Internship Application.
• Resume indicating any specialized qualifications you have (i.e. computer, audio/visual, communications etc.)
• A letter from the college official overseeing your internship verifying that this is an authorized college/university internship program.
• A signed Ride-Along Participant Agreement Form and Ride Along Waiver of Claim Form
• A signed Driver License/Criminal History Form
• A signed Confidentiality Agreement Form

If you fail to submit a complete packet, you will not be considered for this opportunity.

Please contact Sgt. David Rock with questions regarding the MSP Internship Program at: 651.757.1921 or david.rock@state.mn.us.

Application Information/Packet should be sent to:
Victoria Schwab, DPS Internship Coordinator
MN Department of Public Safety, Human Resources Division
444 Cedar Street, Suite 135
St. Paul, MN 55101-5135
Office: 651-201-7383 FAX: 651-296-5173
Email: Victoria.Schwab@state.mn.us
**Minnesota State Internship Application**

To be completed by the student and sent directly to the Minnesota state agency(s) selected by the student. Applications should be submitted as early as possible (preferably two or three months before the student wishes to begin the internship).

Most internship opportunities are posted on the Minnesota Management & Budget website, [http://www.mmb.state.mn.us/staffing/i&sw-opp.htm](http://www.mmb.state.mn.us/staffing/i&sw-opp.htm), and students may obtain agency addresses from this site. If you are interested in an internship at an agency that is not on the website, you may contact that agency’s human resource office to inquire regarding possible internship opportunities.

**Eligibility:** To participate in this program, students must receive academic credit or their academic program must require an internship.

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### Name Information

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<th>First</th>
<th>Last</th>
<th>Middle</th>
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<tr>
<th>Address at present (street and number, city, state and zip)</th>
<th>Telephone</th>
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<tbody>
<tr>
<td>Permanent mailing address if different from above (street and number, city, state and zip)</td>
<td>Email</td>
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<tr>
<th>Educational institution you now attend</th>
<th>Department</th>
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<tbody>
<tr>
<td>Major field of study</td>
<td>Academic level or credits</td>
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**Internship experience desired**

**Previous internships: when, where & duties**

<table>
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<th>In which area of the state would you be able to work?</th>
<th>Twin Cities</th>
<th>Other:</th>
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<tr>
<th>When would you be willing to perform an internship project?</th>
<th>Full-time</th>
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<td>From: ___________________________ , 20 __________________</td>
<td>Part-time</td>
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<tr>
<td>To: ___________________________ , 20 __________________</td>
<td>No. of hours/week __________________</td>
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<th>Length of internship needed to meet academic requirement?</th>
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**Check any that apply:**

- Monetary compensation is required.
- Monetary compensation not required.
- Room and board are required.

**Additional information, special qualifications, and/or requirements.**

**Signature**

**Date**

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This form is printed and provided by Minnesota Management & Budget.

If you require an alternate format (i.e., large print, etc.), call (651) 215-0685/Voice or (651) 282-2699/TTY.

PE-00547-12 (11/08)
Driver License/Criminal History Form

The Department of Public Safety requests the following information in order to determine if you have been convicted of crimes, which directly relate to the position you seek with the Department of Public Safety. The requested information is a continuation of the application process pursuant to Minnesota Statute. Your signature on this form authorizes the Department of Public Safety to request a search of your record for any driver license and criminal history.

While you are not required to provide this information, failure to do so may result in removing your name from consideration. The information requested below is private data by law. Your name, including any previous names and your date of birth are necessary to accurately access criminal history information. Although optional, you are requested to provide your gender and race/ethnicity to ensure that the records received are yours. Access to this information will be limited to individuals within the Department of Public Safety whose job duties reasonably require access and to any individuals to whom you provide written consent. Additionally, access to this information will be released without your consent as follows:

- to the Commissioner of Minnesota Management and Budget (Minn. Stat. Ch. 43A);
- to labor organizations, to the extent necessary to implement state law governing labor relations (Minn. Stat. §13.43);
- if required by court order; or
- authorized by other state or federal law.

Please provide us with the information requested below. Please Print.

Last Name __________________________ First Name __________________________ Middle Name __________________________

List previous names used: __________________________ Date of Birth: __________________________

Race/Ethnicity: __________________________ Gender: __________________________

Have you been convicted of a felony, gross misdemeanor, or misdemeanors for which a jail sentence may have been imposed? Yes ____ No _____

If yes, please use the reverse side to provide a complete chronology of your offense history. Include the type of offense, county, state, date and final disposition (i.e. jail time, fine, probation, etc.).

Driver License Number __________________________ State of Issue __________________________

I certify the above information to be true and accurate to the best of my knowledge. I understand that failure to disclose information or providing false information may subject me to the penalties of M.S. §43A.39.

Signature __________________________ Date __________________________

If applicant is under 18 years of age, a parent or guardian must sign __________________________ Date __________________________


The Minnesota State Patrol wants your ride-along experience to be one that is mutually beneficial to you and the Patrol. As such, the following regulations have been developed to protect both you and the Trooper’s safety. Adherence is mandatory, and any violation may result in the immediate termination of the ride-along.

1. Participants shall understand that they are under the direction of the Trooper with whom they are riding with at all times during the ride-along.
2. If a Trooper is called to an extremely hazardous incident (e.g., ordered to assist in riot/fight duty, to assist other law enforcement officer whose life is endangered, etc.) the participant may be delivered to a business establishment, law enforcement agency office, or other reasonable site and will notify the Radio Communications Operator of the situation.
3. By participating in a ride-along, riders shall:
   - Wear seatbelts at all times while the vehicle is in motion.
   - Dress conservatively.
   - Testify if called or subpoenaed as a witness, about any event observed while participating in the ride along program.
   - Understand that their participation in the ride along program may be terminated at any time for any reason
4. Ride-along participants shall not:
   - Be left in charge of, or alone with, arrested or detained persons;
   - Question or converse with arrested or detained persons;
   - Exit the vehicle unless instructed to do so by the Trooper;
   - Engage in photography, videography, or audio recording unless the rider is a member of the media and has prior approval from the District/Section Supervisor, and
     o has the citizen’s explicit written approval to use the images, video, or recordings; or,
     o renders any images of persons stopped, license plates, and other readily identifiable objects indistinguishable if the citizen does not give written approval.
   - Be allowed into a residence or any other location where the occupant has a reasonable expectation of privacy without having given consent;
   - Carry a firearm or any other weapon. This includes off-duty peace officers from states other than Minnesota or those with a permit to carry a firearm. Peace officers from Minnesota may carry a firearm, but must carry proper identification;
   - Participate in an investigation or other special operation;
   - Be present during any formal interviews with criminal suspects or informants;
   - Have access to confidential materials such as criminal history;
   - Drive the patrol unit, except in an emergency, as directed by the Trooper or with approval from the District/Section Commander;
   - Participants shall not assume any police powers nor perform any police duties except as may be directed by the member in order to protect the life of the participant, the member, other employee of the State Patrol, or a third party.

Participant Acknowledgement: ___________________________ Date: _______

If participant is a minor:
Parent/Guardian: ___________________________ Date: _______
DEPARTMENT OF PUBLIC SAFETY
MINNESOTA STATE PATROL
WAIVER OF CLAIM

NAME ______________________________________ PHONE NUMBER: _______________________________

ADDRESS ____________________________________________________________

EMPLOYER: __________________________________________________________

CITY ____________________ STATE ________________ ZIP ______________ DOB _____________

BE IT KNOWN, THAT I, ____________________________________________, on ____________________

being of lawful age, or with parental or guardian approval, and of sound mind, for myself and heirs, administrators, executors and assigns, hereby waive the right to assert any claim or action against the State of Minnesota and its employees and agents for any injury, loss or damage, to my person and/or property, including injuries resulting in death, arising out of any accidents or events occurring while a passenger in a Minnesota State Patrol vehicle or aircraft and/or accompanying members of the Minnesota State Patrol in the performance of their duties.

I am aware that circumstances, events, dangers or hazards may arise or occur while I am a passenger in a State Patrol vehicle or aircraft and/or accompanying members of the State Patrol that could expose me to harm and may result in injury, loss, damage or death, and I assume the risk of such circumstances, events dangers or hazards, whether reasonably foreseeable or not.

I further agree to save and hold the State of Minnesota harmless from any and all claims that may arise or are attributable directly or indirectly to me in conjunction with my accompanying a member of the State Patrol whether or not the loss is due to negligence on the part of the State of Minnesota or its employees.

I have read the above, and I fully understand the legal significance of my signature, and I have received a copy of this waiver.

SIGNED: ______________________________ PARENT/GUARDIAN IF UNDER

18 YRS OF AGE: ______________________________

SPOUSE: ________________________________

Permission is hereby granted to the above named person and whose signature is affixed to this form to ride as a passenger in a State Patrol vehicle or aircraft and accompany ____________________

a member of the State Patrol, in the performance of their duties on ______________.

(Date of ride-along)

* APPROVED BY STATE PATROL SUPERVISOR:

______________________________ ______________________________

(Supervisor’s signature) (Time and Date)

● If approval is by phone or radio, member must list the supervisor and the time and date of the approval with the note “Obtained By Phone”.

Form must be submitted with the member’s weekly report with a copy to the person accompanying the State Patrol member.

PS-18084-03 (1-96)
CONFIDENTIALITY AGREEMENT

As an intern, you will have access to records and information maintained at the Department of Public Safety. This information may include private and/or confidential information. Your access to this information is granted to you and authorized only for the purposes of carrying out duties assigned to you as part of your internship. By signing this document, you agree that you will not discuss, disclose or disseminate the information you obtain during your internship at the Department of Public Safety with any other individual unless you are authorized to do so. Such authorization will be provided by your supervisor.

I have read and understand this statement and agree to its terms.

Printed Name

Date

Signature
Minnesota State Patrol

Headquarters
445 Minnesota Street,
Suite 130, Town Square
St. Paul, MN 55101-5130
(651) 201-7100

District Headquarters
Office Address
Phone Number

2100......2900 48th Street N.W., Rochester, MN 55901
(507) 923-2040
2200......2171 Bassett Drive, Mankato, MN 56001
(507) 344-2750
2300......1800 E. College Drive, Marshall, MN 56258
(507) 476-4020
2400......3489 Hadley Avenue N., Oakdale, MN 55128
(651) 779-5900
2500......2005 North Lilac Drive, Golden Valley, MN 55442
(763) 591-4680
2600......3725 12th Street N., St. Cloud, MN 56303
(320) 223-6666
2700......1131 Mesaba Avenue, Duluth, MN 55811
(218) 302-6127
2800......7694 Industrial Park Road Suite 2, Baxter, MN 56425
(218) 316-3030
2900......1000 Hwy. 10 W., Detroit Lakes, MN 56501
(218) 846-8260
3100......101 No. Hoover Rd., #100, Virginia, MN 55792
(218) 735-3720
3200......242 125th Avenue N.E., Thief River Falls, MN 56701
(218) 683-8410